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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 16 1949
301

STANDARD CERTIFICATE OF DEATH

42621
State File No. _____
Registrar's No. 2359

Registration District No. _____

Primary Registration District No. 6032

1. PLACE OF DEATH:
(a) County RIPLY
(b) City or town DONIPHAN "RURAL" DONIPHAN TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DONIPHAN, Mo. Hwy. 21 4 1/2 mi. NORTH
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 14 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County RIPLY
(c) City or town "RURAL"
(If outside city or town limits, write "RURAL")
(d) Street No. DONIPHAN, Mo. Hwy. 21 4 1/2 mi. NORTH
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME PEGGY SUE CARTER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 9
year 1948 hour 10 minute P.M.
21. I hereby certify that I attended the deceased from December 3, 1948 to December 9, 1948
that I last saw her alive on December 9, 1948
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

Immediate cause of death
Pneumonia
Due to Influenza
Due to _____
Other conditions (Include pregnancy within 3 months of death)

7. Birth date of deceased NOVEMBER 25, 1948
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
 - - 14 - hr. - - - min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace DONIPHAN, MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name JOE BILL CARTER
13. Birthplace EFFINGHAM, ILLINOIS
(City, town, or county) (State or foreign country)
14. Maiden name ROSIE B. CANNON
15. Birthplace GRANDIN, MISSOURI
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Doniphan, Mo Date signed 12-10-48

16. (a) Informant JUL BIL CARTER
(b) Address Doniphan, Mo. R. # 2.
17. (a) BURIAL (b) Date thereof DEC. 10, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DAK GROVE DONIPHAN
18. (a) Signature of funeral director RAY MEANS MO.
(b) Address Doniphan, Missouri
19. (a) 12-10-48 (b) E. B. Johnston
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-4-49
District Health Officer No. 5,
District File Number 1492
Date Filed 1-10-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision. *This body was not embalmed.*

Signed *Ray Means*

Licensed Embalmer No. *3743*

P. O. Address *Doniphan, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.