

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 1 1942

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(c) Name of hospital or institution:
711 S. Olive St
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Richard C. Carter

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva Carter 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased March 28 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 11 15 hr. min.

9. Birthplace Audrain County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business

12. Name Lemel Carter

13. Birthplace Va.
(City, town, or county) (State or foreign country)

14. Maiden name Clarinda Hisey

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva Carter

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Mar. 17, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Priddy

(b) Address Mexico, Mo.

19. (a) 3-16-1942 (b) Margaret H. Machie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 711 S. Olive St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan
2 1942 to March 15 1942
that I last saw him alive on 3-13-42
and that death occurred on the date and hour stated above.

Immediate cause of death Semipr

Due to Arteriosclerosis

Due to

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) Means of injury.....

23. Signature R. W. Van Kynegast

Address Mexico, Mo. Date signed 3-16-42

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

MAR 31 1942

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.....

Earl E. Precht....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl E. Precht.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.