DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1944

Registration District No. 6

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24391

Primary Registration District No. 4709

Registrar's No. 51

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Keytesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Chariton
(c) City or town Keytesville 210
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Richard M. Carter
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Nancy E. Carter
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 19 (Day) 1849 (Year)

8. AGE: Years 94 | Months 7 | Days 26 | If less than one day hr. min.

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

MOTHER FATHER
12. Name Richard Carter
13. Birthplace (City, town, or county) Ky (State or foreign country)
14. Maiden name unknown
15. Birthplace (City, town, or county) Ky. (State or foreign country)

16. (a) Informant O. K. Raines
(b) Address Keytesville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Salisbury City Cem.
18. (a) Signature of funeral director Geo. B. Winkelmeyer
(b) Address Salisbury, Mo.
19. (a) 7/24/44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1944 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 11th, 1944, to July 15, 1944; that I last saw him alive on July 15, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	about 3 yrs.
Due to Arteriosclerotic Kidney	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertrophy Prostate Senility	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature O. K. Raines (M. D. or other) 210
Address Clifton Hill, Mo. Date signed 7-16-44

1024

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-12-44

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.

Signed Chas B. Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury N

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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

AUG 12

State File No. ____

Registration District No. 64 Primary Registration District No. 4109 Registrar's No. 51

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Keytesville

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State ____ (b) County ____

(c) City or town ____ (If outside city or town limits, write "RURAL")

(d) Street No. ____ (If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

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

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced ____

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Nov (Month) 19 (Day) 1858 (Year)

8. AGE: Years 94 Months 7 Days ____ If less than one day ____ hr. ____ min.

9. Birthplace Lewis County (City, town, or county) Ky (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business ____

FATHER
12. Name ____
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name ____
15. Birthplace ____ (City, town, or county) ____ (State or foreign country)

16. (a) Informant ____
(b) Address ____

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation Salisbury Cemetery

18. (a) Signature of funeral director Geo B Wimberly
(b) Address Salisbury Mo

19. (a) 1/24/44 (Date received local registrar) (b) R A Ewing (Registrar's signature)

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month Jan Day 15 year 1944 hour 10 minute ____ M.

21. I hereby certify that I attended the deceased from ____, 19__ to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature ____ (M. D. or other) ____
Address ____ Date signed ____

24391