

1939 JUL 14 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21869  
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 198  
 (b) Township Fishing River Primary Registration District No. 3011  
 (c) City Excelsior Springs (d) Street No. 315 W. Excelsior St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 86

2. PRINT FULL NAME Lomzo Price Carter

(a) Residence, No. 315 W. Excelsior St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Carter  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 1883  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 1 10  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Engineer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Light plant.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Clay Co  
 (STATE OR COUNTRY) Mo.

13. NAME Benjamin Carter

14. BIRTHPLACE (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY) 9

15. MAIDEN NAME Jennie Albertson

16. BIRTHPLACE (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY) 9

17. INFORMANT (NAME) Blair Lee Carter  
 (ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 6-8 1939

19. FUNERAL DIRECTOR (NAME) Blaude Reichard  
 (ADDRESS) Excelsior Springs, Mo.

20. FILED June 6 1939 Mrs. Rena M. Cracker  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-3 1939, to 6-6 1939  
 I last saw him alive on 6-6 1939. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:  
(Bronch) Pneumonia  
 Date of onset 3 weeks

Other contributory causes of importance: Influenza  
2 months prior

Name of operation physical feeding Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No. Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify Samuel R. M. Cracker, M. D.  
 (Signed) \_\_\_\_\_ (Address) Excelsior Springs, Mo.  
180

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

24  
2  
1

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

FILE NO. 10000

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BURIAL

FILE NO. 10000

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BURIAL

7/11/39

RECEIVED  
Health Officer No. 8  
File Number

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,

*Claude B. Cheval*

*[Signature]*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *Claude B. Cheval*

Licensed Embalmer No. *2751*

P.O. Address *Excelsior Springs, 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, above space should be left blank.