FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 26 1948
Registration District No. 224

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 9464

Registrar's No. 11

1. PLACE OF DEATH:
(a) County Moniteau County
(b) City or town California, Mo.
(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
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town California /
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME LYMAN LINCOLN CARTER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 1
6. (b) Name of husband or wife Ida Ann Riggs /
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 28, 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Martinsville Ind /
(City, town, or county) (State or foreign country)
10. Usual occupation Newspaper Publisher
11. Industry or business

FATHER
12. Name Joseph Daily Carter /
13. Birthplace Ohio /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucinda Hamilton /
15. Birthplace Indiana /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E.A. Kibbe
(b) Address California, Mo.
17. (a) Burial (b) Date thereof 3/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetry
18. (a) Signature of funeral director Williams Funeral Home
(b) Address California Mo
19. (a) 3-9-48 (b) H.R. Pogeny
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month mar. day 8
year 1948 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from Feb 3, 1947, to March 8, 1948;
that I last saw him alive on March 8, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1 hour
Due to: Generalized arteriosclerosis	3 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 94a	
Of autopsy:	

PHYSICIAN
Underline the cause of 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 0
23. Signature Kenyon Latham (M. D. or other)
Address California, Mo Date signed 3-9-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 2[illegible] 19[illegible]

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 M E Fredmeyer

Licensed Embalmer No. 2854

P. O. Address California 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.