V. S. No. 2
M—11-10-39
Rev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27501

FILED SEP 5 1940

Registration District No. 1399

Primary Registration District No. 1002

Registrar's No. 3134

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 4030 Chestnut 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether

In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City
(If outside city or town limits write "RURAL")

(d) Street No.: 4030 Chestnut
(If rural, give location)

(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME: Mrs. Ida Bell Carter 126

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Mr. Robert Ewing Carter

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased: October (Month) 28 (Day) 1852 (Year)

8. AGE: Years 87 Months 9 Days 6 If less than one day ... hr. ... min.

9. Birthplace: La Fayette County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: --

MOTHER FATHER

12. Name: Vivian, Flavel

13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

14. Maiden name: Campbell, Martha

15. Birthplace: Huntsville, (City, town, or county) Alabama (State or foreign country)

16. (a) Informant: Mrs Lucile Chinn

(b) Address: 4030 Chestnut St

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: Aug. 6, 1940 (Month) (Day) (Year)

(c) Place: Crematorium D. W. Newcomer's Sons

18. (a) Signature of funeral director: D. W. Newcomer's Sons

(b) Address: 1401 Brush Creek Blvd.

19. (a) Aug. 6, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3 year 1940 hour 8 minute 0 P.M.

21. I hereby certify that I attended the deceased from Feb 15-40 Aug 3, 1940, to Aug 3, 1940, that I last saw him alive on Aug 3, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	2 Days
Due to: Thyroid Regurgitation	
Due to: Hyperthyroidism	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: None	

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: R. L. St Clair (M. D. or other)

Address: 5242 St John Date signed 8/5-40

(Licensed Embalmer's Statement on Reverse Side)

5242 St. John

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 Kenneth Page Sipe

Licensed Embalmer No. 4128

P. O. Address 1309 Brush Creek K.C.

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.