

FILED AUG 16 1941 399

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

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:
3533 South Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 19 Years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 7
(d) Street No. 3533 South Benton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1941 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 0 to 0, 1941;
that I last saw him alive on 0 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Coronary Arteriosclerosis
Duration

Due to 940
Due to 940

Other conditions (Include pregnancy within 3 months of death) 940

Major findings: Of operations 0
Of autopsy 0
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) 0
(b) Date of occurrence 0
(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 0 (M. D. or other)
Address 0 Date signed 0

3. (a) PRINT FULL NAME Mr. Ashley Morgan Carter

3. (b) If veteran, name war None 3. (c) Social Security No. 486-01-2878

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary A. Carter 6. (c) Age of husband or wife in years 51

7. Birth date of deceased September 7 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Great Bend, New York 1
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Carter-Waters Corp.

12. Name Eldred Edwin Carter

13. Birthplace Herkimer County New York
(City, town, or county) (State or foreign country)

14. Maiden name Felix N. Ashley

15. Birthplace Great Bend, New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. M. Carter

(b) Address 3533 So Benton

17. (a) Burial (b) Date thereof 7-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, Mo

18. (a) Signature of funeral director 0

(b) Address 1401 Brush Creek

19. (a) 7-11-41 (b) M. N. Crowe
(Date received local registrar) (Registrar's signature)

*Mr. Litch
Prof. Bldg*

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.....

Licensed Embalmer No.....

P. O. Address.....

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.