

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rt. 6 K.C. Mo. Rural Blue
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Blue Township north of Independence!
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether)

In this community 7 Mos.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Rural Blue Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. Route 6 Kansas City Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME William Milo Carter

3. (b) If veteran, name war **

3. (c) Social Security No. **

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 7 year 42
hour _____ minute 7:30 P.M.

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Julia - Deceased

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

7. Birth date of deceased August 23, 1871
(Month) (Day) (Year)

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

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>8</u>	<u>14</u>	hr. _____ min.

Due to Chronic Ulcerated Pulmonary Tuberculosis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Chestnut Ridge, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Charles T. Carter

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Julia Bostick

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Rudolph Hilton

(b) Address Rt. 6, K.C. Mo.

17. (a) Burial (b) Date thereof May 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spokane Mo.

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? _____

18. (a) Signature of funeral director Wiley L. ...

(b) Address 214 N. Spring St. Indep. Mo.

19. (a) 5-8-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury h

23. Signature [Signature] (M. D. or other) _____

Address [Signature] Date signed _____

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 *by me*

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. *2623*

P. O. Address *214 N Spring*

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.