

FILED NOV 19 1942  
Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 4122

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

1. PLACE OF DEATH: Jackson

(a) County.....

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

(c) Name of hospital or institution: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 mo. & 14 days  
(Specify whether in this community 12 yrs years, months or days)

3. (a) PRINT FULL NAME Ernest Carter

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

3. (c) Social Security No. None

4. Sex: Male

5. Color or race: wh

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

6. (b) Name of husband or wife: \_\_\_\_\_

6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: year 1864  
(Month) (Day) (Year)

8. AGE: 78 Years Months Days If less than one day  
.....hr. ....min.

9. Birthplace: Mich. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation: None

11. Industry or business: \_\_\_\_\_

MOTHER FATHER { 12. Name: Ernest Carter

13. Birthplace: New York 1  
(City, town, or county) (State or foreign country)

14. Maiden name: \_\_\_\_\_

15. Birthplace: New York 1  
(City, town, or county) (State or foreign country)

16. (a) Informant: Don Wassner

(b) Address: Independence, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof: 11-17-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood Bur

18. (a) Signature of funeral director: Geo. P. Casson

(b) Address: Independence, Mo.

19. (a) 11-6-42 (b) N. M. Groves  
(Date received local registrar) (Registrar's signature)

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.: 900 East 11th St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 4th  
year: 1942 hour: 6 minute: 55 A.M.

21. I hereby certify that I attended the deceased from 9-21-42, 19...., to 11-4-42, 19....;  
that I last saw him alive on 11-4-42, 19....;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute coronary infarction with rt. mural thrombus and bilateral pulmonary embolism

Due to: infarction

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: See above

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature: Audrey R. Shaw (M. D. or other) \_\_\_\_\_  
Address: 1000 Dir. K.C. General Hospital Date signed: \_\_\_\_\_

48  
1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 *George B. Carson*

Licensed Embalmer No. *2249*

P. O. Address *Wade, Miss*

**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.**