S. No. 2
9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13080

State File No.

Registration District No. 149

Primary Registration District No. 1602

Registrar's No. 1748

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-7-43-4-8-43 (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1816 Grove
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ETTA MILLER (CARTER)

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife George Carter

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March (Month) 30 (Day) 1898 (Year)

8. AGE: Years 45 | Months ~~0~~ | Days 8 | If less than one day ___ hr. ___ min.

9. Birthplace Strong City (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation unemployed

11. Industry or business

FATHER
12. Name Peter Blackwell
13. Birthplace Strong City (City, town, or county) Kansas (State or foreign country) 1

MOTHER
14. Maiden name Anna Carmon
15. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country) 1

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/13/43 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hatkins Bros.

(b) Address 1729 Lydia, K. C. Mo.

19. (a) 4-13-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1943 hour 4:05 minute p. M.

21. I hereby certify that I attended the deceased from April 7, 1943 to April 8, 1943
that I last saw her alive on April 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Aortic Insufficiency (non-specific)

Due to 92a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

Duration

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 0

23. Signature G. C. Turner (M. D. ~~or other~~)

Address Gen. Hosp. #2-6 or 22 Date signed 4-12-43

(Licensed Embalmer's Statement on Reverse Side)

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 J. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.