

ED JUN 30 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

2746

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 6 weeks
(Specify whether
In this community 60 years
years, months or days)

3. (a) PRINT FULL NAME George Carter

3. (b) If veteran, name war No
3. (c) Social Security No. 492-14-7091

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

6. (b) Name of husband or wife Mary Carter
6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased May 7 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 1 10 hr. min.

9. Birthplace England
(City, town, or county) (State or foreign country)

10. Usual occupation Employee K. C.

11. Industry or business Public Service Co.

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant E. E. Morris

(b) Address Union National Bank, 9th & Walnut

17. (a) Burial (b) Date thereof 6-19-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 6-18-43 (b) P. E. Brown
(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. 4451 Jefferson
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country England

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1943, 6 hour P.M. minute - M.

21. I hereby certify that I attended the deceased from May 6, 1943
to June 17, 1943

that I last saw him alive on _____, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary failure

Due to Atherosclerosis 9/2

Due to 750

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/1

Of autopsy _____

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? _____

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature P. E. Brown (M. D. or other) _____
Address 703 Lathrop Bldg Date signed 6-18-43

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

MOTHER FATHER

AUG 21 1944

9-1
1-6
H.A. 705-1
attest
S. M. ...
J. ...

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.