

7. S. No. 2
DOM-5-43
ev. 5-17-39
X36671

FILED APR 15 1944

Registration District No. _____ Primary Registration District No. 1002

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:
Between 7310 East 12th. & St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 36 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Earl W. Cartmell

3. (b) If veteran, name war No

3. (c) Social Security No. 486-09-6341

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Margaret Cartmell

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased April 22 1907
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>11</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Electrician

11. Industry or business Aluminum Plant 7310 East 12th

12. Name Harry E. Cartmell

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

14. Maiden name Ethna Morgan

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

16. (a) Informant Mrs. Margaret Cartmell

(b) Address 4002 East 12th. Terrace

17. (a) Burial (b) Date thereof 4-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Missouri

19. (a) 4-4-44 (b) D. 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. 4002 East 12th. Street Terrace
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd, year 1944 hour 12 minute 56 P. M.

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

Deputy Coroner

Immediate cause of death Electric Shock
(Electrocution)

Due to _____

Due to _____

Other conditions (Skull Fracture)
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy See Above

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) Accident 123

(b) Date of occurrence April 2, 1944

(c) Where did injury occur Kansas City, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place) Electricity
(2) Means of injury

23. Signature D. E. Brown (M. D. or P. M.) 4/4/44
221 N. 1st Address 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Ralph H. Runnels

Licensed Embalmer No. 3860

P. O. Address Kansas City, MO.

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.