

S. No. 2
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20124**

FILED JUN 25 1945
Registration District No. **175**

Primary Registration District No. **3013**

Registrar's No. **42**

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

1. PLACE OF DEATH:
(a) County **Clay**
(b) City or town **North Kansas City, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days **2 1/2 year**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Clay**
(c) City or town **North Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1025 E 23rd St**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **FRED CARTER**
(b) If veteran, name war _____
(c) Social Security No. **496-26-2882**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **6** year **1945** hour **2:30 A** minute _____
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him **alive** on _____ and that death occurred on the date and hour stated above.

4. Sex **Mo** 5. Color or race **W** (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Daisy Carter** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct 9 1879**
(Month) (Day) (Year)

Immediate cause of death **Thrombosis**
Due to **Artery Thrombosis**
Duration _____

8. AGE: Years **65** Months **7** Days **27** If less than one day _____ hr. _____ min.

Due to **94a**

9. Birthplace **Knopville Tenn**
(City, town, or county) (State or foreign country)

Other conditions **Arterio Sclerosis**
(Include pregnancy within 6 months of death)

10. Usual occupation **108 Store**

Major findings: Of operations **History**

11. Industry or business **Junior**

Of autopsy _____

12. Name **a. Carter**

Underline the cause to which death should be charged statistically.

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

14. Maiden name **Phoebe Cribbenery**

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

16. (a) Informant **Daisy Carter**
(b) Address **1025 E 23rd - Home**

17. (a) **Burial** (b) Date thereof **6-9-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **W.T. Hope WCK**
18. (e) Signature of funeral director **Walter T. Howe**
(b) Address **206 E 22nd**

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 **Car**
23. Signature **John F. Hutton** (M.D. or other) _____
Address **North Kansas City** Date signed **6/4/45**

19. (a) **June 7-1945** (b) **Ruth N. Henry**
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6/23/45

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 John H. Harton

Licensed Embalmer No. 4349

P. O. Address 110 K. C. 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.