. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5542

FILED FEB 19 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 626

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: 2914-E- 29th St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 63-yrs —
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2914 Monroe 29th St. 8
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME Lida Mey Carter

3. (b) If veteran, name war No —

3. (c) Social Security No. none

4. Sex Femal 1

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife Edwin P. Carter

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

7. Birth date of deceased May 19 1873 —
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	8	17	..... hr. ..... min.

9. Birthplace West Virginia 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business .....

FATHER
12. Name O. L. Munday
13. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucretia Huston
15. Birthplace West Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Edna P. Taylor
(b) Address 4138-Monroe

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-46
(Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918-Brooklyn - K.C. Mo.

19. (a) 2-7-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb- day 6
year 1946 hour 11 minute 25-P. M.

21. I hereby certify that I attended the deceased from April 17 1945, to Feb 6 1946
that I last saw her alive on Feb 5 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Embolism of left Fibral artery & Cerebral	7 days
Embolism with arterial Sclerosis	3 yrs
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	

Major findings:
Of operations 83 b
Of autopsy .....

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 John G Lapp M.D. (M. D. or other)

Address 1314 Professional B Date signed Feb 7 46

(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.....

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.