

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20190

State File No.

Registrar's No. 2797

FILED JUL 10 1948
Registration District No. 149

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: VINEYARD PARK HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 WK. (Specify whether
In this community 1 WK. years, months or days)

3. (a) PRINT FULL NAME Jesse Longstreth Carter
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive 1884 years
7. Birth date of deceased JUNE 26 1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 28
If less than one day hr. min.

9. Birthplace CLINTON CO MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business FEDERAL BARGE LINE

12. Name JOHN B. CARTER

13. Birthplace CLINTON CO MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name HESTER ANN ABISOT

15. Birthplace ANDERSON CO KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. B. Bennett

(b) Address Turney MO

17. (a) BURIAL (b) Date thereof 6-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CAMERON MO

18. (a) Signature of funeral director DEMOS CRUNK
(b) Address CAMERON MO

19. (a) 6-24-46 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 13
(c) City or town CALAWALL COUNTY 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 1
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 24
year 1946 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from June 19, 1946 to June 24, 1946.
That I last saw h. alive on June 24, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Occlusion of coronary artery
Duration: 10 m.

Due to arteriosclerosis 14

Due to Angina Pectoris

Other conditions Angina Pectoris
(Include pregnancy within 3 months of death)
Major findings: Of operations None 9/40
Of autopsy None

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 J. E. Shelton (M. D. or other) MD
Address 912 W. 10th St Date signed 6-24-46

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....
Lee Moss Brown

Licensed Embalmer No. *25-33*

P. O. Address *Osborne, 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.