

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED OCT 7 1946

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3938

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:
GENERAL HOSPITAL NO. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 days
 In this community 54 yrs. (Specify whether 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. 1739 FOREST **8**
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HILLOUS CARTER
 3. (b) If veteran, name war No 3. (c) Social Security No. None
 4. Sex MALE 2 5. Color or race NEGRO
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 15, 1878
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month SEPTEMBER day 14, year 1946 hour 12: minute 45 A. M.
 21. I hereby certify that I attended the deceased from AUGUST 29, 1946, to SEPTEMBER 14, 1946; that I last saw him alive on SEPTEMBER 14, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL EMBOLISM
POLYNEURITIS
ATROPHIC ARTHRITIS
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 83b

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>4</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation COOK

11. Industry or business _____
 12. Name ROBERT CARTER
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name ARMEDA LEWIS
 (City, town, or county) (State or foreign country)
 15. Birthplace GLASCO MISSOURI
 (City, town, or county) (State or foreign country)

16. (a) Informant JUNIE DORSEY (Niece)
 (b) Address 1406 E. 16th Terr.

17. (a) Burial (b) Date thereof 9/19/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director _____
 (b) Address 1729 Medical Bureau
 19. (a) 9-17-46 (b) Heraldine Holmes
 (Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
 Of autopsy _____
 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)
 Means of injury _____
 23. Signature [Signature] (M. D. or other) M.D.
 Address GENERAL HOSPITAL NO. 2 Date signed 9/14/46

OCT 8 1946

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.....
Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.