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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 8 1946

State File No. 30191

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4016

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: TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 DAYS (Specify whether
In this community 25 YEARS
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. 4225 HOLMES STREET 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MR WILLIAM V. CARTER

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. 487-03-0126

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. GENEVA CARTER

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased NOVEMBER (Month) 27 (Day) 1891 (Year)

8. AGE: Years 54 ~~53~~ Months 9 Days 23 If less than one day hr. min.

9. Birthplace WEBB CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation OPERATOR WOODLAND AVE STREET CAR

11. Industry or business K.C. PUBLIC SERVICE COMPANY

FATHER
12. Name WILLIAM LEROY CARTER
13. Birthplace (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name BELLE MULLEN
15. Birthplace WEBB CITY (City, town, or county) MO. (State or foreign country)

16. (a) Informant Geneva Carter
(b) Address 4225 Holmes

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT-23-1946 (Month) (Day) (Year)
(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 9-23-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 20TH year 1946 hour 9 minute 20 A.M.

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

Immediate cause of death Deputy Coroner Pulmonary Embolism

Due to Fracture of Ilium

Due to (Street Car & Auto Trauma)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 170 b 8 22

Of autopsy See Above

Duration

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 9-11-46

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

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

While at work? Yes (e) Means of injury Trauma

23. Signature A. E. Ascher (M. D. or other)

Address 2800 Main Date signed 9/21/46

(Licensed Embalmer's Statement on Reverse Side)

OCT 22 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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.