S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1005

State File No.

FILED JAN 27 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 156

WRITE PLAINLY—USING 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: Residence, 3828 Warwick
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (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. 3828 Warwick 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. MYRTLE D. CARTER
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Shirley Carter
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 27, 1882 (Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 14 15 If less than one day br. min.

9. Birthplace Iola, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name George Fryer
13. Birthplace unknown, Ills. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Hattie Brown
15. Birthplace Iola, Kansas. (City, town, or county) (State or foreign country)
16. (a) Informant Miss Edith Carter
(b) Address 3828 Warwick, Kansas City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.
19. (a) 1-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1948 hour 4:45 minute A M.

21. I hereby certify that I attended the deceased from April 26 1943 to Jan 11 1948
that I last saw her alive on Jan 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition } Gradually
Inanition } Progressive
Due to (Absolute Bed Rest 3 years) for 3 years
Due to General Paresis
Other conditions Has not walked for 15 years.
(Include pregnancy within 3 months of death)
Major findings: Of operations None 30 D
Of autopsy None requested

Duration

PHYSICIAN

Underline the cause of 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

23. Signature Earl L. Ferris (M. D. or other) MD
Address 934 Argyle Bldg Kansas City, Mo Date signed Jan 12, 1948

Jefferson City Printing Co.

(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 Lloyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence, Ind

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.