No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 20 1948

Registration District No. 1489

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8624

Registrar's No. 1103

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: 1023 Penn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 1023 Penn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Lillian 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: Married
6. (b) Name of husband or wife: Edward O. Carter
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: November (Month) 8 (Day) 1880 (Year)

8. AGE: Years 67 Months 4 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace: Buffalo (City, town, or county) New York (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
FATHER
12. Name: Unknown
13. Birthplace: France (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Edward O. Carter
(b) Address: 1023 Penn K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 12 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Versailles, Mo.
18. (a) Signature of funeral director: Kidwell Funeral Home
(b) Address: Versailles, Missouri
19. (a) 3-11-48 (Date received local registrar) (b) Gladeline Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1948 hour 6 minute A. M.
21. I hereby certify that I attended the deceased from 10-11-1946 to 11-24-1947 that I last saw her alive on 11-24-1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of uterus with metastases	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 48
Of autopsy: See above

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: 0

23. Signature: Wm W. Hart (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 3-10-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Berry

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 Chas E. Wilds

Licensed Embalmer No. 2644

P. O. Address K C 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.