

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 86 DAYS
(Specify whether in this community years, months or days) 50 YRS.

3. (a) PRINT FULL NAME LUCIAN CARTER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE 2 5. Color or race NEGRO

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

6. (b) Name of husband or wife KITTY CARTER

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased MARCH 12, 1854
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>94</u>	<u>3</u>	<u>5</u>	hr. min.

9. Birthplace SMITH COUNTY VIRGINIA
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

MOTHER FATHER { 12. Name UNKNOWN 9

13. Birthplace

14. Maiden name JO-ANN CARTER

15. Birthplace SMITH COUNTY VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant KITTY CARTER (WIFE)

(b) Address 2310 LYDIA

17. (a) Burial (b) Date thereof June 21, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery West, Appleton, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address 1905 Vine St.

19. (a) 6-21-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 46

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2310 LYDIA E
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17,
year 1948 hour 3: minute 45 P. M.

21. I hereby certify that I attended the deceased from MARCH 23, 1948 to JUNE 17, 1948;
that I last saw him alive on JUNE 17, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE HEART DISEASE WITH GENERALIZED ARTERIOSCLEROSIS 93 d.
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 (Specify type of place) (2) Means of injury

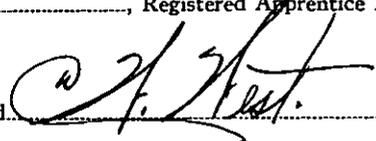
23. Signature [Signature] (M. D. or MD.)
Address GENERAL HOSPITAL NO. 2 Date signed 6/18/48

SEP 17 1948

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 .....

Licensed Embalmer No. 2710.....

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.