

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Buckner R Rt No. 1.  
(c) Name of hospital or institution: her home  
(d) Length of stay: 20 yrs  
In this community 20 yrs

3. (a) PRINT FULL NAME Mrs. Elsie I. Carter  
3. (b) If veteran, name war none  
3. (c) Social Security No. X

4. Sex Female  
5. Color or race wh  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Joseph Carter  
6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased Dec. 14 1877

8. AGE: Years 70 Months 4 Days 25  
If less than one day hr. min.

9. Birthplace Not known Illinois  
Usual occupation Housewife her home

11. Industry or business  
12. Name Edward Caselman  
13. Birthplace Not known Missouri  
14. Maiden name Adeline Nash  
15. Birthplace Not known xxx

16. (a) Informant Joseph Carter - KC 3 Mo.  
(b) Address 8813 Anderson Street

17. (a) Burial Greenlawn Cemetery  
(b) Date thereof 5/12/48  
(c) Place: burial or cremation

18. (a) Signature of funeral director  
(b) Address  
19. (a) Date received local registrar 5-11-1948  
(b) Registrar's signature T. M. Reppert

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3 Mo 3  
(d) Street No. 8813 Anderson  
(e) Citizen of foreign country? no  
If yes, name country. X

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 9  
year 1948 hour 3 minute 52 A.M.  
21. I hereby certify that I attended the deceased from May 5 1948  
to May 9 1948  
that I last saw him alive on May 9 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chrome Myocarditis  
Due to Cardio-vascular-  
Renal disease

Other conditions  
Major findings: Of operations  
Of autopsy

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

23. Signature John T. Weisler  
Address Buckner Mo.  
Date signed 5/10/48  
1948

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

MOTHER, FATHER

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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. 61  
working under my personal supervision.

Signed..... Vernon M. Reppert

Licensed Embalmer No. 4311

P. O. Address Buckner, 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.