

FILED MAR 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4817

State File No. \_\_\_\_\_

BIRTH NO. 49-022098 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 778

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b>		b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GENERAL HOSPITAL #2</b>		d. STREET ADDRESS (If rural, give location) <b>2506 Walrond Avenue</b>				
3. NAME OF DECEASED (Type or Print)		a. (First) <b>INFANT</b>	b. (Middle)	c. (Last) <b>CARTER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEBRUARY 15 1949</b>	
5. SEX <b>MALE 2</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE 1</b>		8. DATE OF BIRTH <b>FEBRUARY 14 1949</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min. <b>1 9 30</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>KANSAS CITY, MISSOURI 0</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>JAMES CARTER</b>		13b. MOTHER'S MAIDEN NAME <b>LILA DAVIS</b>		
14. NAME OF HUSBAND OR WIFE <b>--</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>none</b>		
17. INFORMANT'S SIGNATURE OR NAME <b>FATHER: JAMES CARTER</b>		ADDRESS <b>2506 Walrond</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>RESPIRATORY FAILURE</b>				INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>PREMATURITY</b>				
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>7767</b>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>2/14/</u> , 19 <u>49</u> to <u>2/15/</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2/15/</u> , 19 <u>49</u> , and that death occurred at <u>4:30P</u> m., from the causes and on the date stated above.						
23a. SIGNATURE  <b>E. Frank Ellis</b> (Degree or title)		23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>2/16/49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>2-19-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland</b>		
24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>		DATE REC'D BY LOCAL REG. <b>2-19-49</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes Graham</b>		
25. FUNERAL DIRECTOR'S SIGNATURE <b>Geraldine Holmes Graham</b>		ADDRESS <b>2304 Vine St</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed B. L. Graham

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2574

P. O. Address 2304 Kent

**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.