

FILED NOV 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37598

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 385

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Independence</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>  |  |
| c. LENGTH OF STAY (in this place)<br><u>1 day</u>  |  | d. STREET ADDRESS (If rural, give location)<br><u>3229 Central Avenue</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><u>Independence Sanitarium</u> |  |   |  |

|                                     |                           |                             |                            |   |
|-------------------------------------|---------------------------|-----------------------------|----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First)<br><u>Hugh</u> | b. (Middle)<br><u>Fritz</u> | c. (Last)<br><u>Carter</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>November 12, 1949</u> |
|-------------------------------------|---------------------------|-----------------------------|----------------------------|---|

|                       |                                  |  |  |  |                          |                         |                          |
|-----------------------|----------------------------------|--|--|--|--------------------------|-------------------------|--------------------------|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>Feb. 22, 1891</u> | 9. AGE (In years last birthday)<br><u>58 yrs</u> | # UNDER 1 YEAR<br>Months | # UNDER 11 HRS.<br>Days | # UNDER 11 MIN.<br>Hours |
|-----------------------|----------------------------------|--|--|--|--------------------------|-------------------------|--------------------------|

|  |   |  |   |
|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Barber</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Fairfax Airport</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Higginsville, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
|--|---|--|---|

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|---|---|--|
| 13a. FATHER'S NAME<br><u>John Y. Carter</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Alice Berry</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Adeline Frances Carter</u> |
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|   |   |   |   |
|---|---|---|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>no report from family</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Adeline F. Carter, 3229 Central Ave</u> | ADDRESS<br><u>Adeline F. Carter, 3229 Central Ave</u> |
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|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc.: It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left Hemisphere Cerebral Hemorrhage</u>  |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |                                  |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                      |  |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) |
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|  |  |                            |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 Nov. 12, 1949, to Nov. 12, 1949, that I last saw the deceased alive on Nov. 12, 1949, and that death occurred at 10:20 P.M., from the causes and on the date stated above.

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|--|----------------------------------|--|-------------------------------------|
| 22a. SIGNATURE<br><u>Ernie A. Dorsch</u> | (Degree or title)<br><u>M.D.</u> | 23b. ADDRESS<br><u>Independence, Mo. 64501</u> | 23c. DATE SIGNED<br><u>11/16/49</u> |
|--|----------------------------------|--|-------------------------------------|

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>Nov. 16, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Higginsville</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Higginsville, Missouri</u> |
|--|-----------------------------------|---|--|

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| DATE REC'D BY LOCAL REG.<br><u>Nov. 16, 1949</u> | REGISTRAR'S SIGNATURE<br><u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>[Signature]</u> | ADDRESS<br><u>331 Brush Creek Kansas City, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

48  
4  
4

NOV 25 REC'D

10/21/54 Verham  
James B. Craig

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.

Student .....  
Student Embalmer

Signed Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address N. C. 4 me

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.