

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8557
796

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1724 Benton Blvd.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>1724 Benton Blvd. 3248</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Abe</u> b. (Middle) _____ c. (Last) <u>Carter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Febr- 17---1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec- 1-1888</u>	
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wood Preservers</u>		11. BIRTHPLACE (State or foreign country) <u>Willis- Texas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.-a</u>		13a. FATHER'S NAME <u>Dont Know</u>		13b. MOTHER'S MAIDEN NAME <u>Dont Know</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Carter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>World War #1</u>		16. SOCIAL SECURITY NO. <u>495-03-078</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Carter</u>		ADDRESS <u>1724 Benton Blvd.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Sepsis</u> ANTECEDENT CAUSES <u>Subacute Lymphocytic Leukemia</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? 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)		2040	
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 <u>Nov 22</u> , 19 <u>49</u> , to <u>Feb 17</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-17</u> , 19 <u>50</u> , and that death occurred at <u>12:45 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Royall B. Fleming</u>		23b. ADDRESS <u>1433 E - 19th</u>		23c. DATE SIGNED <u>2/20/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb-22-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arcadia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Arcadia, Oklahoma</u>	
DATE REC'D BY LOCAL REG. <u>2-21-50</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. Appleton & Jones</u> ADDRESS <u>1905 Vine</u>			

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

MAR 20 1950

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 2710

P. O. Address K. E. M. O.

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.