

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9027**  
Registrar's No. **1154**

FILED APR 5 - 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1154</u>	
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 town or township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>8 yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>911 E. 14th St.</b>				e. STREET ADDRESS (If rural, give location) <b>911 E. 14th St.</b>			
3. NAME OF DECEASED (Type or Print) <b>Lillie</b>		a. (First) <b>Lillie</b>		b. (Middle) <b>E.</b>		c. (Last) <b>Carter</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>3-10-56</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Jan. 5, 1918</b>		9. AGE (In years last birthday) <b>38</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Alabama</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>E.J. Hudson</b>		13b. MOTHER'S MAIDEN NAME <b>Rosie Hackworth</b>		14. NAME OF HUSBAND OR WIFE <b>Edwin Carter</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>445-07-0442</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Preston Carter</b> ADDRESS <b>1007 1/2 E. 12th St.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral &amp; cerebellar hemorrhage</b>  ANTECEDENT CAUSES DUE TO (b) <b>Undetermined origin.</b> DUE TO (c) <b>Arteriosclerosis.</b> II. OTHER SIGNIFICANT CONDITIONS <b>multiple contusions to head chest &amp; arms.</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>89369</b> <b>48</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <b>?</b> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) <b>12</b> (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? <b>unknown</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Deputy Coroner</b>				23b. ADDRESS <b>1618 Lydia Ave</b>		23c. DATE SIGNED <b>3/12/56</b>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>burial</b>		24b. DATE <b>3-18-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>El Reno, Okla.</b>		24d. LOCATION (City, town, or county) (State) <b>El Reno, Okla.</b>	
DATE REC'D BY LOCAL REG. <b>3-15-56</b>		REGISTRAR'S SIGNATURE <b>Neval Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Manlove &amp; Williams 1729 Lydia</b>			

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

*St. Hilson*

*82-1-5187*

**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.....  
Signature of Student Embalmer

Signed *Jerome Manlove*

Licensed Embalmer No. *3994*  
P. O. Address *3712 E. 30th*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.