

AUG 8 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

24524

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson(b) Township Kaw(c) City Kansas City, Mo(d) Street No. 1202 East 11th Street St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 399Primary Registration District No. 1002Registered No. 3029

## 2. PRINT FULL NAME

William D. Carter(a) Residence, No. 1202 E. 11th Street St. 

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)  
Widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFMrs. Lillie Mae Carter

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 1, 1854

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.84627

## OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work  
was done, as saw mill, bank, etc.Retired Farmer10. Date deceased last worked at  
this occupation (month and  
year).....11. Total time (years)  
spent in this  
occupation.....12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Harris County  
Indiana

## FATHER

## 13. NAME

Isaac Carter14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Don't Know

## MOTHER

## 15. MAIDEN NAME

Esther Wilson16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Don't Know17. INFORMANT  
(ADDRESS)David E. Carter  
1202 East 11th St

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Mater Center, Kansas DATE 7-30-193819. FUNERAL DIRECTOR (NAME)  
(ADDRESS)R. V. Lindsey & Sons  
3811 Broadway

## 20. FILED

July 29, 1938 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 21, 1938 to July 28, 1938  
I last saw him alive on July 28, 1938 Death is said  
to have occurred on the date stated above, at 7:12 PM

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset \_\_\_\_\_

Other contributory causes of importance:

ArteriosclerosisName of operation none Date of \_\_\_\_\_What test confirmed diagnosis Pathology Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) James E. Walker M. D.(Address) 1424 Professor Rd. K.C. Mo.

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. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**

*Dr. James Jackson  
Professional*