

DEC'D SEP 13 1938

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

28018

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Law Primary Registration District No. 1002 Registered No. 3329
(c) City Kansas City (d) Street No. 2901 Norton 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.

2. PRINT FULL NAME

Sarah Carter 636
(a) Residence, No. 2901 Norton St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED—
HUSBAND OF Charles Carter
(OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 5 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. 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) Mo.13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.15. MAIDEN NAME Hannah Jones16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.17. INFORMANT (ADDRESS) Charles Carter
2901 Norton18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 8/2319. FUNERAL DIRECTOR (NAME) (ADDRESS) State Bros
1724 Lydia20. FILED Aug 23 1938 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-16-38 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19

I last saw him Deputy Coroner, 19 _____ Death is said to have occurred on the date stated above, at 3A m.

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

Hypertensive myocardium
Acute Pulmonary Edema
Date of onset _____

Other contributory causes of importance: 4/2/31

Name of operation _____ Date of _____

What test confirmed diagnosis? Culture Was there an autopsy? Yes

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? Yes

If so, specify _____

(Signed) Russell W. Brown, M. D.

(Address) _____

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

T. B. Watkins

Licensed Embalmer No. *2889*

P. O. Address *1729 Lydie*

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.