FILED JAN 17 1941

S. No. 2
—11-10-39
5-17-39
P I X2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42816

State File No.

FILED JAN 17 1941

Registration District No. 400

Primary Registration District No. 55532

Registrar's No. 201

18

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

1. PLACE OF DEATH:

(a) County Jackson

(b) ~~City or town~~ Prairie Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Home for the aged & infirm (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Year 5 mo. (Specify whether years, months or days)

In this community 68 Years 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas city (If outside city or town limits, write "RURAL")

(d) Street No. 4719½ E 27th St (If rural, give location)

0

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME William Cartright

3. (b) If veteran, name war NO

3. (c) Social Security No. Dont know

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife LOTTIE

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased May (Month) 8 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	4	4	____ hr. ____ min.

9. Birthplace Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Shoemaker

11. Industry or business 1

FATHER
12. Name Dont Know 9
13. Birthplace Dont Know (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant W. G. McCarthy

(b) Address Little Blue, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Howard Roe

(b) Address 3146 Main

19. (a) 11-14-40 (Date received local registrar) (b) Sara D. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12 year 1940 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 16 — 1940 to Nov. 12, 1940 that I last saw him alive on Nov 11 — 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myo Coidisis Cerebral Hemorrhage 1908	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 9 30	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 9 30 (Specify type of place)

While at work? (e) Means of injury

23. Signature J. B. Dailey (M. D. or other) MD

Address Jackson Co Home for aged Date signed 11-12-40

(Licensed Embalmer's Statement on Reverse Side)

5

RECEIVED
Jackson County Health Dept.,

County File Number _____

Date Filed _____

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 Howard J. Rol.

Licensed Embalmer No. 2748.

P. O. Address 1324 E. 36th Kansas City Mo

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.