No. 2
1-4-41
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30815

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3572

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1222 Olive (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 38 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

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

(d) Street No. 1222 Olive (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Carter

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe 3

5. Color or race Col

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

6. (b) Name of husband or wife Harry Carter

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

7. Birth date of deceased March (Month) 1, 1876 (Day) (Year)

8. AGE: Years 65 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Pettis County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Charlie Thompson
13. Birthplace (City, town, or county) Unknown 4 (State or foreign country)

MOTHER
14. Maiden name Lucy Nurse
15. Birthplace Howard County (City, town, or county) Missouri 1 (State or foreign country)

16. (a) Informant Birdie Brown Mayo

(b) Address 1222 Olive Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/25/41 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia

19. (a) 9/25/41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22 year 1941 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 18 1941 to Sept 16 1941 that I last saw her alive on Sept 16 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver and Stomach

Due to

Due to Primary. Probably Pyloric end of stomach

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 41 B
Of autopsy no 46 b

Duration

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? (Specify type of place)

While at work? (b) Means of injury

23. Signature G. V. Brown (M. D. or other)

Address 1709 E 12 St Date Sept 25 41

(Licensed Embalmer's Statement on Reverse Side)

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 Isaac Franklin

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.