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DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4435

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St Joseph Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
Unknown (Specify whether)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

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

(d) Street No. 410 W. 14th  
(If rural, give location)

(e) Citizen of foreign country? Y (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Stephen A. Tarter

3. (b) If veteran, name war no

3. (c) Social Security No. non

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27  
year 1 AM hour \_\_\_\_\_ minute 20 M.

21. I hereby certify that I attended the deceased from Nov. 27 20  
1941, to Nov. 27 1941

that I last saw him alive on Nov. 26, 1941  
and that death occurred on the date and hour stated above.

4. Sex Om 5. Color or race W

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

6. (b) Name of husband or wife Minnie Tarter

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Jan 5 1894  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Due to Pulmonary edema 1 day

Due to Myocardial degeneration 1 day

Due to Cerebral degeneration 1 year

Other conditions 14.5  
(Include pregnancy within 3 months of death)

8. AGE: Years 47 Months 10 Days 22  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Labor

Major findings: Same - Nov. 24, 1941

Of operations \_\_\_\_\_

Of autopsy Same

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Smith Tarter

13. Birthplace De Cal Centre MO  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah K. Cragg

15. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Tarter

(b) Address 410 W. 14th

17. (a) Burial (b) Date thereof 11-30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithville, MO.

18. (a) Signature of funeral director H. T. Higginson

(b) Address Kansas City Mo.

19. (a) 11-30-41 (b) M. W. Crowe  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature John T. Sherrer (M. D. or other) MD

Address 1402 Bryant Bldg Date signed 11-30-41

D. E. M. O

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

Li 5-777

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.....

*Francis Walton*

Registered Apprentice No. *2744*

working under my personal supervision.

Signed *J. A. Ferguson*

Licensed Embalmer No. *2744*

P. O. Address *A. C. 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, fact should be so stated above.