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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40989

Registration District No. 279 Primary Registration District No. 1002 Registrar's No. 4667

48
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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: 508 Knickerbocker (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1- (Specify whether In this community 73 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048 3 8

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

(d) Street No. 508 Knickerbocker (If rural, give location)

(e) If foreign born, how long in U. S. A.? - 0 years.

3. (a) PRINT FULL NAME Mrs. Annie Carter

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. George Carter

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

7. Birth date of deceased September (Month) 20 (Day) 1867 (Year)

8. AGE: Years 74 Months 2 Days 24 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business -

FATHER
12. Name William Graham
13. Birthplace Ligonier (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Ellen Mc Clenon
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Grace M. Hines

(b) Address 508 Knickerbocker

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Effingham, Kansas

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Dec 16 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th year 1941 hour 6 minute 25 A. M.

21. I hereby certify that I attended the deceased from 10-20-41, 19, to 12-13, 1941; that I last saw her alive on 12-13-41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Head of the Pancreas	4 mo. (?)
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46 g

Major findings: Of operations Carcinoma pancreas

Of autopsy None

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? (e) Means of injury

23. Signature W. W. Greene (M. D. or other) MD

Address Professional Bldg Kansas City Date signed 12-15-41

(Licensed Embalmer's Statement on Reverse Side)

Professional copy

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 C Harvey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. 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.