

S. No. 2
M-1-4-41
7-5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5242

State File No.

673

FILED MAR 11 1942
Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH: Jackson
(a) County
(b) City or town Kansas City
(c) Name of hospital or institution: 3400 Campbell /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Years (Specify whether years, months or days)
In this community 23 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3400 Campbell (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPHINE C. CARTER
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Feb. day 15
year 1942 hour 7 minute 30 P.M.

4. Sex Fe. / 5. Color or race Wh. / 6. (a) Single, widowed, married, divorced 3 Divorce
7. Birth date of deceased April 4, 1883 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 10 1942 to Feb 18 1942
that I last saw her alive on Feb 15 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 10 Days 21 If less than one day hr. min.

Immediate cause of death Cancer Both Breasts
Duration

9. Birthplace Salisbury (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife

Due to 50
Due to
Other conditions (Include pregnancy within 3 months of death)

11. Industry or business
12. Name Monroe A. Harris
13. Birthplace Virginia (State or foreign country)
14. Maiden name Cornelia Ashflett (City, town, or county) (State or foreign country)
15. Birthplace Howard county Missouri (City, town, or county) (State or foreign country)

Major findings: Of operations
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. L. T. O'Brien
(b) Address 3400 Campbell
17. (a) Burial (b) Date thereof 2/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

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?

18. (a) Signature of funeral director C. H. BLACKMAN & SON, I Kansas City, Mo
(b) Address
19. (a) 2/17/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

23. Signature Raymond Kerner (M.D. or other) Address 1102 Waldshire Date signed 2/16/42

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

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.....

Carl Blashauer

Licensed Embalmer No.....

2244

P. O. Address.....

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.