

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 12 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1544

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: St. Joseph Hospital  
(If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution 1 Day  
Specify whether  
 In this community 20 yrs.  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 308 Barat F  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country .....

**3. (a) PRINT NAME** Faye, M. Carter  
**3. (b) If veteran,** No  
**3. (c) Social Security** No  
name war No

**4. Sex** Female **5. Color or** White  
race  
**6. (a) Single, widowed, married,** Married  
divorced  
**6. (b) Name of husband or wife** Theodore R. Carter  
**6. (c) Age of husband or wife if** 40  
alive years  
**7. Birth date of deceased** 8 - 8 - 1901  
(Month) (Day) (Year)

**8. AGE:** Years 40 Months 8 Days 9  
If less than one day  
 hr. min.

**9. Birthplace** Ill. 7  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business** .....

**12. Name** Abraham L Rubart

**13. Birthplace** Illinois  
(City, town, or county) (State or foreign country)

**14. Maiden name** Mary V. Crawley

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

**16. (a) Informant** Mr. Theodore R. Carter

**(b) Address** 308 Barat

**17. (a) Burial** Forest Hill  
(Burial, cremation, or removal) **(b) Date thereof** 4-20-1942  
(Month) (Day) (Year)

**(c) Place: burial or cremation** .....

**18. (a) Signature of funeral director** Mrs. C. L. Forster  
Kansas City, Missouri

**(b) Address** .....

**19. (a) 4-20-42** **(b) Th. H. Brown**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 17  
 year 1942 hour 11 P.M. minute ..... M.

**21. I hereby certify that I attended the deceased from** Jan. 7  
 19 22 to April 17, 19 42

that I last saw her alive on April 17, 19 42  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis  
 Duration .....

Due to Impacted Gall Stones

Due to 126

Other conditions 126  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations .....

Of autopsy Same

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

**(a) Accident, suicide, or homicide (specify)** NO

**(b) Date of occurrence** .....

**(c) Where did injury occur?** .....

**(d) Did injury occur in or about home, on farm, in industrial place, in public place?** .....

While at work Illinois (Specify type of place) **(e) Means of injury** 126

**23. Signature** Th. H. Brown (M. D. or other) MD

Address 10307 1/2 July Ave Date signed 4/18/42

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

541

Dr. Gillmore

**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 Theron A. Redman

Licensed Embalmer No. 2727

P. O. Address H. P. 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.**