

FILED JUL 9 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2469

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5-31-42-6-27-42
(Specify whether years, months or days) 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson
(c) City or town. Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2333 Olive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAGGIE CARTER

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jake Carter 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased August 25 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 2 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business
12. Name George Wheaton
13. Birthplace West Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Frances Spotcy
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Fennell
(b) Address 2333 Olive
17. (a) removal (b) Date thereof 6/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cherryvale, Kansas

18. (a) Signature of funeral director Mattkins Bros
(b) Address 9729 Lydia
19. (a) 6-29-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1942 hour 8 minute 20 a. m.

21. I hereby certify that I attended the deceased from May 31 1942 to June 27 1942
that I last saw her alive on June 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Broncho-pneumonia Duration

Due to Multiple Myeloma
Due to 55E

Other conditions Pathological fracture of left femur
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
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?
While at work? (Specify type of place) Means of injury D
23. Signature J. C. Dwyer (M. D. or other)
Address Gen. 7 Logans-600622 Date signed 6-29-42

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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.....

Irene Monroe

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 with the above constitutes grounds for revocation of license.)

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