

FILED AUG 17 1942

Registration District No. **149**

Primary Registration District No. **1002**

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: **General Hospital No. 20**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7-20-42-7-31-42**
(Specify whether **1 year**)

In this community **1 year**
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. **910 Vine 8**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **0**

3. (a) PRINT FULL NAME **MARY MCCARTER**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **3 Negro**

6. (a) Single, widowed, married, divorced **2 Widow**

6. (b) Name of husband or wife **Unknown**

6. (c) Age of husband or wife if alive **12** years

7. Birth date of deceased **November 1891**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	5D	8	19	hr. min.

9. Birthplace **Paris Texas /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business

MOTHER FATHER { 12. Name **Peter Shelton**

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

14. Maiden name **Lucy Bady**

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

16. (a) Informant **Record Clerk**

(b) Address **General Hospital No. 2**

17. (a) **Burial** (b) Date thereof **8-6-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Ridge Lawn**

18. (a) Signature of funeral director **Edgar T. ...**

(b) Address **1409 E 12th St.**

19. (a) **8-5-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31**
year **1942** hour **10** minute **50 a.** M.

21. I hereby certify that I attended the deceased from **July 20**, 19**42**, to **July 31**, 19**42**
that I last saw her alive on **July 31**, 19**42**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Nephritis** Duration

Due to **Hypertensive type heart disease**

Due to **131B**

Other conditions (include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations

Of autopsy

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) (Specify means of injury)

While at work? **90 Surgery**

23. Signature **Gen. ...** (M. D. or other)
Address **Gen. ... #2-608** Date signed **8-3-42**

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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

L. J. Harris, Sr.
.....
Licensed Embalmer No. *3388*
.....

P. O. Address *N. C. MD.*
.....

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.