S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29366

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3318

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: 6625 Brookside Road, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community all his life.
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") 8

(d) Street No. 6625 Brookside Road.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country x

3. (a) PRINT FULL NAME Evlane Kemper Carter, Jr.

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

3. (c) Social Security No. no.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife Child

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

7. Birth date of deceased February (Month) 4 (Day) 1937 (Year)

8. AGE: Years 5 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

10. Usual occupation none.

11. Industry or business x

FATHER
12. Name E. Kemper Carter, Sr.
13. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Anna Curry.
15. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

16. (a) Informant E. Kemper Carter, Sr.
(b) Address 6625 Brookside Road, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Abbey

18. (a) Signature of funeral director Stine & McClure.
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-8-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7th year 1942 hour 12:35 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 1st 1942, 19..., to Sept 7, 1942 that I last saw him alive on Sept. 7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Retroperitoneal Sarcoma

Due to Embryogenic sarcoma of testicular origin.

Due to

Other conditions 5 1c
(Include pregnancy within 3 months of death)

Major findings:
Of operations Biopsy of abdominal tumor at Mayo's.
Of autopsy as above

Duration

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 James C. Walker (M. D. ~~or other~~)
Address 1424 Profin Bldg Date signed 9-7-42

(Licensed Embalmer's Statement on Reverse Side)

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 E. M. Plank

Licensed Embalmer No. 1848

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.