

7. S. No. 10M-5-42
 5-17-39
 X32873

DEPARTMENT OF COMMERCE
 BUREAU OF VITAL STATISTICS
 FILED MAR 25 1943

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

9012

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1356

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution: St. Josephs Hosp. & Inf.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether in this community 16 yrs. years, months or days)

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. 1630 Belmont
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Claude Everett Carter
 (b) If veteran, name war No
 (c) Social Security No. 495-09-1517

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 3 day 17 year 43 hour 6:50 minute A. M.
 21. I hereby certify that I attended the deceased from Comm 1943 until 17 1943
 that I last saw him alive on _____ 1943
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Alice Marie Carter 6. (c) Age of husband or wife if alive 35 years
 7. Birth date of deceased: 10 24 1901
 (Month) (Day) (Year)

Duration of illness 7 days
 Immediate cause of death: Crushing injury of chest, fracture of ribs
Presumed to be
 Due to Fall from a motor car
 Due to _____

8. AGE: Years Months Days If less than one day
41 4 23 hr. min.

9. Birthplace: Oswego Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation: Sheffield Steel Corp. Laborer

11. Industry or business: _____
 12. Name: Jesse Marshall Carter
 13. Birthplace: Ky
 (City, town, or county) (State or foreign country)
 14. Maiden name: Effie Berinda Reppel
 15. Birthplace: Missouri
 (City, town, or county) (State or foreign country)

Major findings: _____
 Of operations: _____
 Of autopsy: See above
 1706
 70

16. (a) Informant: Mrs. Alice Marie Carter
 (b) Address: 1630 Belmont St. R. 2
 (City, town, or county) (State)
 17. (a) Bureau (b) Date thereof: 3-21-43
 (Special, correction, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Fields - Kansas
 18. (a) Signature of funeral director: John P. Shiel
 (b) Address: R. 6, M. 1
 19. (a) 3-19-43 (b) M. M. Crome
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident - 193
 (b) Occurrence: 3/15/43
 (c) Where did injury occur? 1630 Belmont Kansas
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Street Field
 (Specify type of place)
 While at work? no (e) Means of injury: motor car
 23. Signature: J. P. Shiel Date signed: 3/19/43
 Address: Kansas

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

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.