

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13079
State File No. _____
1957
Registrar's No. _____

FILED MAY 6 1943 149
Registration District No. _____

Primary Registration District No. 1002

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:
1400 Linwood Blvd /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 36 Years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mrs Anna R. CARTER

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank F. Carter 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 2nd 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>10</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business at Home

MOTHER FATHER {
12. Name Patrick McEnulty
13. Birthplace Mound City Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ellen E. McArdle
15. Birthplace Mt Pleasant Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Frank F. Carter
(b) Address 1400 Linwood Blvd

17. (a) Removal: (b) Date thereof 4/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bendena, Kansas

18. (a) Signature of funeral director Mellody-McGilley
(b) Address Kansas City Missouri.

19. (a) 4-26-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 1400 Linwood Blvd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th
year 1943 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from Oct
1942 to April 23 1943
that I last saw her alive on April 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation Duration 2 days

Due to Mitral insufficiency 3 yrs.

Due to Endocarditis 3 yrs.

Other conditions arteriosclerosis
(include pregnancy within 3 months of death)

Major findings: no operations
Of operations _____
Of autopsy none

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) (e) Means of injury _____
23. Signature Mellody McGilley (M. D. optional)
Address 900 Quality Bldg Date signed 4-24-43

Dr. Hoffman

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.