

ED NOV 1 1943

Registration District No. 149

Primary Registration District No. 1002

4367

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: 2425 College /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)  
In this community 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 97  
(c) City or town Sweet Springs 3  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Juliett O. Carter

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife S. H. Carter, 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased November 18 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 10 26 hr. \_\_\_\_\_ min.  
27

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

10. Usual occupation at home,

11. Industry or business X  
12. Name James Garnett,  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Gareld  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

MOTHER FATHER {  
16. (a) Informant Mrs. Virginia Dickerson Kresse  
(b) Address 2916 Bales, Kansas City, Mo.  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-14-43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Sweet Springs, Mo.  
18. (a) Signature of funeral director Stine & McClure,  
3235 Gillham Plaza, K. C., Mo.  
(b) Address  
19. (a) 10-14-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th  
year 1943 hour 5:30 minutes a.  
21. I hereby certify that I attended the deceased from Oct. 31<sup>st</sup>  
1939 to Oct 14<sup>th</sup> 1943  
that I last saw el alive on Oct 12<sup>th</sup> 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus  
Pyo-nephrosis Duration 4 yrs.

Due to \_\_\_\_\_  
Due to U  
Other conditions (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) (e) Means of injury \_\_\_\_\_  
23. Signature James D. Smith (M. D. or other) 10/14/43  
Address 218 Prof. Bldg Date signed  
K.C. Neo.  
(Licensed Embalmer's Statement on Reverse Side)

Dr. J. D. Smith

511-822/10

2

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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.....

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.**