

FILED SEP 7 1944  
Registration District No. 149

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:  
2209 Vine St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 yrs. (Specify whether years, months or days)

In this community 31 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 2209 Vine St.  
(If rural, give location)

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

If yes, name country                     

3. (a) PRINT FULL NAME Eliza Carter

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fe 5. Color or race Col

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

6. (b) Name of husband or wife James Carter

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

7. Birth date of deceased Jan. 2 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>7</u>	<u>22</u>	hr. min.

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

10. Usual occupation Housework At home

11. Industry or business                     

12. Name Unk

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

14. Maiden name                     

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

16. (a) Informant Della Mae Price

(b) Address Burial 1604 E. 223rd Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Watkins Burial

(b) Address 1729 Lydia Ave.

19. (a) 8-30-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24<sup>th</sup>  
year 1944 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7/22/44 to 8/19/44  
that I last saw he alive on 8/19/44 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to Arterio-Sclerosis

Other conditions 94a  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations                     

Of autopsy                     

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 J. A. Francis (M.D. or other)                     

Address 1115 Grand Ave. Date signed 8/30/44

Duration                     

PHYSICIAN                     

Underline the cause to which death should be charged statistically.

*W. Francis*

*W. Francis*

*W. Francis*

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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.**