

FILED DEC 22 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: **General Hospital #2** **0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6-12-43-11-29-44**  
(Specify whether years, months or days) **Over 40 years**

3. (a) PRINT FULL NAME **AMOS CARTER**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **unk**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Victoria Carter** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Jan. 15 1871**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **10** Days **14** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Unemployed**

11. Industry or business \_\_\_\_\_

12. Name **Isaac Carter**

13. Birthplace **Ky.**  
(State or foreign country)

14. Maiden name **Martha**

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

16. (a) Informant **Record Clerk**

(b) Address **General Hospital #2**

17. (a) **Burial** (b) Date thereof **12/5/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Negland**

18. (a) Signature of funeral director **Jaffkins Bros**

(b) Address **1729 E. 1st St**

19. (a) **Dec 17 1944** (b) **J. E. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1516 Harrison 1st Fl.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **29**  
year **1944** hour **5:45** minute **Δ** M.

21. I hereby certify that I attended the deceased from **June 12**  
19 **43** to **November 29**, 19 **44**

that I last saw him alive on **November 29**, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Osteogenic Sarcoma of prostate with metastasis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (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) (City or town) (County) (State)  
Means of injury \_\_\_\_\_

23. Signature **J. E. Brown** (M. D. or other) \_\_\_\_\_

Address **Gen. Hosp. #2 600 E. 29th** Date signed **1-29-**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*J. Jerome Newlove*

..... Licensed Embalmer No. *3994*.....

P. O. Address *2503 Highland*.....

**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.**