

7. S. No. 2
DOM-2-43
Rev. 5-17-39
X35697

FILED 1111 23 1945
Registration District No. 189

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **General Hospital #2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7-8-45 to 7-9-45**
(Specify whether In this community **20 years** 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. **2306 Forest**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **BLAINE S. CARTER**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **495-03-1676**

4. Sex **Male** 2 5. Color or race **Negro**

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

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

6. (c) Age of husband or wife if alive **25** years (Month) (Day) (Year)

7. Birth date of deceased **10 25 1917**
(Month) (Day) (Year)

8. AGE: Years **27** Months **8** Days **14** If less than one day hr. min.

9. Birthplace **Boynton Oklahoma**
(City, town, or county) (State or foreign country)

10. Usual occupation **Common Laborer**

11. Industry or business **Wilson Packing Co.**

MOTHER FATHER

12. Name **Henry Carter**

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

14. Maiden name **Cresie Rich**

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

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

(b) Address **Gen. Hosp. #2**

17. (a) **burial** (b) Date thereof **7/14/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

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

(b) Address **1729 Lydia**

19. (a) **7-13-45** (b) **Geraldine Holme**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9** year **1945** hour **8:** minute **8:** M.

21. I hereby certify that I attended the deceased from **July 8, 1945** to **July 9, 1945** that I last saw him alive on **July 9, 1945** and that death occurred on the date and hour stated above.

Immediate cause of death, **Pulmonary Tuberculosis with military spread**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **138**

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 **[Signature]** (M. D. or other) **[Signature]**
Address **Gen. Hosp. #2** Date signed **7-16-45**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

18
3
8

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. Manlove

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.