

No. 2
12-45
5-17-39
I X47070

FILED JAN 27 1947

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:
1314 Mersington /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Months (Specify whether years, months or days)

In this community 5 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Betty Deloris Carter

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex Female 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 _____ years

7. Birth date of deceased August 12, 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Years	Months	Days	If less than one day
	<u>5</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Dallas C. Carter, Jr. /

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

14. Maiden name Mary Lee Petties

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

16. (a) Informant Mary Lee Carter

(b) Address 1314 Mersington

17. (a) Burial (b) Date thereof 1/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Waltham Broad

(b) Address 1729 Wyden Ave

19. (a) 1-17-47 (b) Geraldine Holmes
(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. 1314 Mersington
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 16
year 1947 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration _____

Due to Cold + Exposure

Due to _____ 24 hrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No-Permit

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? (c)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]

Address 3636 Brooklyn Date signed _____

1-17-47

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. James Mearns

Licensed Embalmer No. *3474*

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.