

FILED FEB 7 1948

Registration District No. _____ Primary Registration District No. _____

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:
1417 E. 17th. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 5 years
years, months or days

3. (a) PRINT FULL NAME William Thomas Carter

3. (b) If veteran, name war no

3. (c) Social Security No. 441-16-9105

4. Sex male 5. Color or race negro

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

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

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased January 4, 1900
(Month) (Day) (Year)

8. AGE: Years 48 Months 0 Days 23
If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business _____

12. Name A. J. Carter

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

14. Maiden name F. E. Kates

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

16. (a) Informant Rosetta Carter

(b) Address 1417 E. 17th. St.

17. (a) removal (b) Date thereof 1-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boley, Oklahoma

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) 1-28-48 (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. 1417 E. 17th. St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27
year 1948 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 12, 1947 to Jan. 27, 1948.
that I last saw him alive on Jan. 26, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration unknown

Due to chronic pyonephritis unknown

Due to streptococic and staphylococic infection

Other conditions asthma & lues
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 2

23. Signature Dr. E. R. Jeagan (M. D. or other) 60

Address 1330 East 28th St Date signed 1-28-48

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

MOTHER FATHER

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.

WRITE PLAINLY—USING UNFADING INK

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

10. Usual occupation Laborer

11. Industry or business

12. Name A. J. Carter

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

14. Maiden name F. E. Kates

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

16. (a) Informant Rosetta Carter

(b) Address 1417 East 17th St.

17. (a) Removal (b) Date thereof 1/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boley, Oklahoma

18. (a) Signature of funeral director Hatchers Bros.

(b) Address 1729 Lydia Ave

19. (a) 1-28-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

infectious

Other conditions asthma & Lues
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN

Underline the cause of 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?.....
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature Dr. P. R. Heagan D.O. (M. D. or other) W.O.

Address 1330 East 28th St. Date signed 1-28-48

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

P. J. Manlove

Licensed Embalmer No.

2994

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.