No. 2
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-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3981

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 247

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 2 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos. 14 days (Specify whether years, months or days)
In this community 3 mos. 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3533 So. Benton 8
(If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary A. Carter
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ashley Morgan Carter
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased April (Month) 17 (Day) 1895 (Year)

8. AGE: Years 52 Months 10 Days 8 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At home
FATHER
12. Name David Turner
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Mary Alice Turner
15. Birthplace St. Joseph (City, town, or county) Mo (State or foreign country)
16. (a) Informant Elizabeth Smith (Daughter)
(b) Address 3533 So. Benton K.C. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo.
19. (a) 3-1-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1948 hour 6 minute 45 A.M.
21. I hereby certify that I attended the deceased from Feb 1, 1948, to Feb 25, 1948; that I last saw h. alive on Feb 25, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Arteria - sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Tomas Thomas (M. D. or other)
Address St. Joseph Mo Date signed 2/25/48

(Licensed Embalmer's Statement on Reverse Side) To State Hospital No 2

MAR 8 1948

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 314 so 10th, St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.