

S. No. 2  
M-5-43  
5-17-39  
I X36671

State File No. ....

FILED NOV 4 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3997

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:  
3025 Flora  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether  
In this community 32 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Hattie Bell 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 widowed

6. (b) Name of husband or wife Wilbur D. Carter

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

7. Birth date of deceased April 22, 1872  
(Month) (Day) (Year)

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

76	5	9	hr. min.
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9. Birthplace: Grinnell, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Reed Faircloth

13. Birthplace So. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Asberry

15. Birthplace So. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wilbur F. Carter

(b) Address 3025 Flora Ave., K.C., Mo.

17. (a) Burial (b) Date thereof 10-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Melody-McGilley-Eyler

(b) Address Kansas City, Missouri

19. (a) 10-2-48 (b) Seraldine 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. 3025 Flora Avenue  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1  
year 1948 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from JAN. 1, 1948  
1948 to Oct. 1, 1948  
that I last saw ER alive on SEPT 30, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 5 days

Due to Hypertension - general arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930

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)

(c) Means of injury 2

23. Signature Donnavan D. Ludwig (M. D. or other) DO

Address 407 W. 34th St. Date signed 10-2-48

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

<sup>D.O.B.</sup>  
Dr. Ludwig  
407 9th. 34th Terrace.

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**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. 2289  
P. O. Address 1CC

**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.