

Registration District No. **147**

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:  
2716 Gilham Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 Yrs years, months or days

**3: (a) PRINT FULL NAME** Edna Myrtle Carpenter  
3. (b) If veteran, name war No 3. (c) Social Security No. 487-01-1135  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Grover Carpenter 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased April, 5 - 1878  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
70 7 24 hr. 6 min.

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

**11. Industry or business**  
12. Name Solomon Eshnaur  
13. Birthplace Pa.  
(City, town, or county) (State or foreign country)  
14. Maiden name Otegraph  
15. Birthplace Maryland  
(City, town, or county) (State or foreign country)

16. (a) Informant Grover Carpenter  
(b) Address 2716 Gilham Road.  
17. (a) Burial (b) Date thereof Dec. 2 - 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt Washington Cem.

18. (a) Signature of funeral director Mrs. C.L. Forster  
(b) Address 918 Brooklyn  
19. (a) 12-1-48 (b) Seraldine Holmes  
(Date received local registrar) (Registrar's signature)

**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. 2716 Gilham Road **8**  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) **1**  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. **DATE OF DEATH:** Month Nov. 29, 1948.  
year 1948 hour 8 minute 50. P.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia **Duration**  
Due to pneumonia  
Due to \_\_\_\_\_  
Other conditions 94a  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy as above  
**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 James C. Walker (M. D. or other) **3**  
Address 1224 1/2 W. 11th Date signed 12-1-48

**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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address 918 Brooklyn  
R. C., Mo.

**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.**