

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1197

198

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 2 mos.		d. STREET ADDRESS (If rural, give location) 3308 EAST-53RD STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSP. #1			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) BERTON	c. (Last) CARPENTER	4. DATE OF DEATH (Month) (Day) (Year) 1-15-49
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY-19-1888	9. AGE (In years last birthday) 62 YRS.	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 HR. Hours	13. UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-COACH DEPT.		10b. KIND OF BUSINESS OR INDUSTRY FRISCO R.R.		11. BIRTHPLACE (State or foreign country) VAN AUSTRINE TEXAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME MILTON CARPENTER	13b. MOTHER'S MAIDEN NAME LYTLE ALABAMA	14. NAME OF HUSBAND OR WIFE CORA E. CARPENTER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 702-07-5681	17. INFORMANT'S SIGNATURE OR NAME Mrs. CORA E. CARPENTER	ADDRESS 3308 EAST-53RD ST. KANSAS CITY MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary bile duct carcinoma of liver with metastasis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 155		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23, 1948, to 1-15, 1949, that I last saw the deceased alive on 1-15, 1949, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Hart	(Degree or title) MD	23b. ADDRESS Med. Dir. K. GENERAL HOSP. K. MO.	23c. DATE SIGNED JAN 16 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 17 1949	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 1-17-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer's Sons	ADDRESS 1401 BRUSH GREEN BLVD. KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Doyle L. Daniel

Student Embalmer No. 248

working under my personal supervision.

Student

Doyle L. Daniel
Student Embalmer

Signed.....

Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C., 4 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.