

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15790
Registrar's No. 2075

BIRTH NO. _____ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 1002

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. LENGTH OF STAY (in this place) 34 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 48	
d. FULL NAME OF HOSPITAL OR INSTITUTION 624 WEST 40TH STREET		d. STREET ADDRESS (If rural, give location) 624 WEST 40TH STREET 8	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM	b. (Middle) (NONE)	c. (Last) CARTER	4. DATE OF DEATH (Month) (Day) (Year) MAY-10-1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT.-29-1882	9. AGE (In years last birthday) 66 YRS	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WOODWORKER	10b. KIND OF BUSINESS OR INDUSTRY RETIRED 1 YEAR	11. BIRTHPLACE (State or foreign country) BRADFORD, YORKSHIRE, ENGLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME GEORGE CARTER	13b. MOTHER'S MAIDEN NAME MARY SIMPSON	14. NAME OF HUSBAND OR WIFE CORA E. CARTER
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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. 496-16-7818	17. INFORMANT'S SIGNATURE OR NAME CORAE CARTER	ADDRESS 624 WEST 40TH STREET 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 20 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Dis.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201		-

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)
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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?
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22. I hereby certify that I attended the deceased from 6 May, 1947, to 10 May, 1949, that I last saw the deceased alive on 10 May, 1949, and that death occurred at 8:15 P.M., from the cause and on the date stated above.

23a. SIGNATURE Robert M. Myers (Degree or title)	23b. ADDRESS 1025 Quail Blv	23c. DATE SIGNED 11 May '49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY-13-1949	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 5-12-49	REGISTRAR'S SIGNATURE Theraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer	ADDRESS 1731 BRUSH CREEK BLVD KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed..... *Bernard L. Gorman*

Licensed Embalmer No. *4250*

P. O. Address *NC 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.