

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **33908**

BIRTH NO. _____		REG. DIST. NO. <u>147</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>4250</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>40 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		104 78 30	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>4141 FOREST AVENUE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u>		b. (Middle) <u>CARPENTER</u>		c. (Last) <u>LETTS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT-15-1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT. 27-1882</u>	
9. AGE (In years last birthday) <u>69 YRS</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OFFICE MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TELEVISION SCHOOL</u>		11. BIRTHPLACE (State or foreign country) <u>CHICAGO, ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>GEORGE D. LETTS</u>		13b. MOTHER'S MAIDEN NAME <u>EVA CARPENTER</u>		14. NAME OF HUSBAND OR WIFE <u>MAUDE C. LETTS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-01-6452</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MAUDE C. LETTS, 4141 FOREST AVE, KANSAS CITY, MO</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronac arrest</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>16 Sept 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of oesophagus</u>				150X	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:40 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. C. H. Schmidt</u> (Degree or title)				23b. ADDRESS <u>St. Luke's Hospital</u>		23c. DATE SIGNED <u>10/19/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REBURIAL</u>		24b. DATE <u>OCT. 4, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FRANKFORT, ILL.</u>		24d. LOCATION (City, town, or county) (State) <u>FRANKFORT, ILLINOIS</u>	
DATE REC'D BY LOCAL REG. <u>10-4-49</u>		REGISTRAR'S SIGNATURE <u>Staldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. H. Newcomer's Sons, K.C., Mo.</u>			

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 *Edward L. Toran*.....

Licensed Embalmer No. *1250*.....

P. O. Address *W. 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.