

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40204

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1165			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph					
d. FULL NAME OF HOSPITAL OR INSTITUTION 914 N 3, Winscott Nursing Home				d. STREET ADDRESS (If rural, give location) 104 N 2nd St.					
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Wesley c. (Last) Carter			4. DATE OF DEATH (Month) Dec (Day) 26 (Year) 49						
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept 27, 1873	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME David Carter		13b. MOTHER'S MAIDEN NAME Mary McCoy		14. NAME OF HUSBAND OR WIFE none					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 299-20-4804		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Jacobs 1613 Mitchell A					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Broncho Pneumonia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fibrosaroma of Neck				INTERVAL BETWEEN ONSET AND DEATH 3 days 1 week 1991 2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from June 13, 1949, to Dec. 26, 1949, that I last saw the deceased alive on Dec. 14, 1949, and that death occurred at 3 pm m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Clarence P. Jenkins, M.D.</i>				23b. ADDRESS The Schneider Bldg, St. Joseph, Missouri		23c. DATE SIGNED 12-28-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 29, 1949	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public Ceme		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.				
DATE REC'D BY LOCAL REG. Jan. 6, 1950		REGISTRAR'S SIGNATURE <i>E. C. Jenkins</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barry Funeral Home St. Joseph, Mo.					

(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 Victor Barry

Licensed Embalmer No. 42121

P. O. Address St. Joseph 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.