

FILED JUL 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20117
Registrar's No. 2600

BIRTH NO. _____ RES. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (When 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) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>		d. STREET ADDRESS (If rural, give location) <u>1202 1/2 East 12th Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u> b. (Middle) _____ c. (Last) <u>CARTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 11 1950</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOT KNOWN</u>	9. AGE (In years last birthday) <u>OVER 65</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 1 YEAR Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>JACKSONVILLE, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>HENRY</u>	13b. MOTHER'S MAIDEN NAME <u>HATTIE</u>	14. NAME OF HUSBAND OR WIFE <u>SAM CARTER</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>GR. SON: ALFRED CARTER</u>	ADDRESS <u>1202 1/2 East 12th</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA (CLINICAL)</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>ARTERIONEPHROSCLEROSIS</u>		
	DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HYPERTENSIVE HEART DISEASE WITH DECOMPENSATION</u>		<u>44 1/2</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 5-19, 1950, to 6-11, 1950, that I last saw the deceased alive on 6-11, 1950, and that death occurred at 6:17 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Frank Ellis, MD</u>	23b. ADDRESS <u>600 East 22nd Street</u>	23c. DATE SIGNED <u>6-12-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/13/50</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Higginsville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-12-50</u>	REGISTRAR'S SIGNATURE <u>Thereldine Holmes Wathen</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bro. 1729 Lydie</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1950

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APR 18 1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

S. Jerome Menlove

Signed.....

Student Embalmer

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

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.