

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37366

State File No. 37366

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 55368 Registrar's No. 442

1. PLACE OF DEATH a. COUNTY JACKSON (Rural Blue)				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) R. TOWN H.S. KANSAS CITY		c. LENGTH OF STAY (In this place) 27		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY Rural Blue		d. STREET ADDRESS (If rural, give location) 7909 ASHLAND 0480	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1909 ASHLAND							
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) FRED c. (Last) CARPENTER			4. DATE OF DEATH (Month) (Day) (Year) NOV 17 1950				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB 20 89	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ILL		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME No Record			13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE MARGARET ADAMS		
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Carpenter M. C. Mo			
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) Coronary Prostat					INTERVAL BETWEEN ONSET AND DEATH abt 12 months
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostat 12 years					abt 10 yrs
		DUE TO (c) Cardiac Arteriosclerosis					177X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input 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) Empire Mine Jackson Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Aug 1, 1950, to Sept 20, 1950, that I last saw the deceased alive on Sept 20, 1950, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Oliver F. Lewis M.D.				23b. ADDRESS 2204 W. Lemmon		23c. DATE SIGNED 11-17-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 20, 1950		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Kansas City Mo	
DATE REC'D. BY REG. LOCAL nmf: 19-1950		REGISTRAR'S SIGNATURE 354		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Smith R. C. Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

*See Reverse X
102 1/2 X 14 1/2*

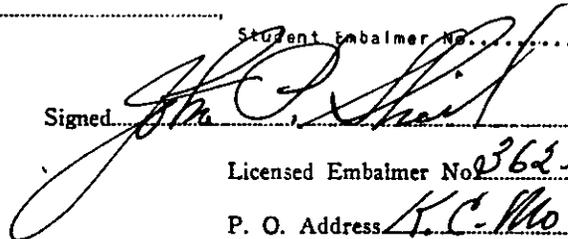
STATEMENT BY LICENSED EMBALMER

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.....



Signed.....
Student Embalmer

Licensed Embalmer No. 3625

P. O. Address K.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.