

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20083  
2423

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>20 days</b>		d. STREET ADDRESS (If rural, give location) <b>3805 West 17th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FERRELL</b> b. (Middle) <b>MILTON</b> c. (Last) <b>CARTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 1 1951</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Sept 6 1890</b>		9. AGE (In years last birthday) <b>60</b>		10. F UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13. HOURS _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner of Food Market</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pennway Market</b>		11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri</b>	
13a. FATHER'S NAME <b>Henry Carter</b>		13b. MOTHER'S MAIDEN NAME <b>Virginia Haynes</b>		14. NAME OF HUSBAND OR WIFE <b>Barbara Carter</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Robert Carter</b>	
				ADDRESS <b>Shawnee, Kansas</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Peritonitis generalized</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3da</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Lupus nodular ulcer</b>			<b>3da</b>
		DUE TO (c) <b>Nodular ulcer</b>			<b>?</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Coronary arteriosclerosis</b>			<b>1 5410</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>f</b>			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 **5-30**, 1941, to **6-1**, 1951, that I last saw the deceased alive on **June 1**, 1951, and that death occurred at **2:45 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ghesber Lee</b>		(Degree or title)		23b. ADDRESS <b>174 Wagon Wheel Bldg KCCO MO</b>	
23c. DATE SIGNED <b>6-4-51</b>		24a. BURIAL CREMATION (REMOVAL) (Specify) <b>Burial</b>		24b. DATE <b>June 4 1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo. Ka.</b>		DATE REC'D BY LOCAL REG. <b>6-6-51</b>	
REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Quirk &amp; Robin</b>		ADDRESS <b>20 West Linwood</b>	

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Forest D. Coldenow

Signed.....  
Student Embalmer

Licensed Embalmer No. 4714

P. O. Address Kansas City, 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.