

FILED AUG 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28546

3795

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1001		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				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) OR TOWN Kansas city		c. LENGTH OF STAY (in this place) 16 mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas city		3488 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Tenderman Nursing Home				d. STREET ADDRESS (If rural, give location) 207 W. Armour			
3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) A. c. (Last) Carter			4. DATE OF DEATH (Month) (Day) (Year) July 31 1953				
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 19 1886		9. AGE (Years last birthday) 67		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lamar Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Campbell		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE W. E. Carter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME John T. Jenkins				
				ADDRESS 2919 W 47 Terrace Kansas city Kans			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chl. Hepatitis ANTECEDENT CAUSES (b) Chl. Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 6 yrs 6 yrs 4222	
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)		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 April 28, 1946, to 7-31, 1953, that I last saw the deceased alive on July 31, 1953, and that death occurred at 4:46 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (So. N. or ff. th (Degree or title) No. H. Griffith M.D.			23b. ADDRESS 733 Reathalls			23c. DATE SIGNED Aug 1-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE Aug 1 1953	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Baxter Springs Kans		
DATE REC'D BY LOCAL REG. 8-1-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Wene Funeral Home Baxter Springs Kans			

(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 *J. Royce Hoge*

Licensed Embalmer No. *3579*

P. O. Address *Overland Park, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.