

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31728**  
Registrar's No. **4482**

FILED OCT 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>10 MONTHS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>4011 Charlotte STREET</u>	
3. NAME OF DECEASED (Type or Print) <u>ALMA Edna</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-15-53</u>	
a. (First)		b. (Middle)	
c. (Last) <u>Carpenter</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2 yrs</u>	8. DATE OF BIRTH <u>OCT-12-1886</u>
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours   Min.
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 <u>---</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>ABILENE KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN WESTOVER</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET SWIGART</u>	
14. NAME OF HUSBAND OR TYPE <u>ARNESCIA C. CARPENTER</u>			
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>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JOAN LONGAN</u>		ADDRESS <u>4011 CHARLOTTE ST. KANSAS CITY, MO.</u>	
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) <u>Emphysema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>degeneris of liver metastases</u> DUE TO (c) <u>adenocarcinoma kidney</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>180X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (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 <u>12-16-52</u> , 1952, to <u>9-15-</u> , 1953, that I last saw the deceased alive on <u>9-14-</u> , 1953, and that death occurred at <u>6:32A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Myron Auld, Jr.</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>3504 Troost Ave. Kansas City, Mo.</u>	
23c. DATE SIGNED <u>9-15-53</u>			
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT 15 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL LAWN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ABILENE KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>9-15-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>O.H. Newcomb</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

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

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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.....  
Signature of Student Embalmer

Signed *Charles W. Bunsen*.....

Licensed Embalmer No. *9932*.....

P. O. Address *Tamworth, Ala. 10, 770*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.