

FILED VS MAR 7 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1018 STATE FILE NUMBER

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, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b 2 mo 17 da	c. CITY OR TOWN Inter-City KANSAS City, Mo.
c. FULL NAME OF (IF NOT in hospital, give location) KANSAS CITY TUBERCULOSIS HOSP.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 8909 THOMPSON

3. NAME OF DECEASED (Type or print) First JOE Middle CARTER Last CARTER			4. DATE OF DEATH Month 3 Day 18 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-3-1907	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER-OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY DX SERVICE STATION		11. BIRTHPLACE (City and state or country) Reed Spring, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JAMES CARTER		13b. MOTHER'S MAIDEN NAME Nancy Woodard		14. NAME OF HUSBAND OR WIFE MARY EDNA CARTER		
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. 500-07-2979		17. INFORMANT MARY EDNA CARTER Address K.C. Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **PULMONARY TUBERCULOSIS**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: _____

DUE TO (b) _____

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from **12-1-1959** to **2-18-1960** and last saw her/him alive on **2-18-1960**
Death occurred at **4:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Edward P. Alcorn

22b. ADDRESS
KANSAS City Tuberculosis Hosp

22c. DATE SIGNED
2-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE
2-22-60

23c. NAME OF CEMETERY OR CREMATORY
St. Marys Cemetery

23d. LOCATION (City, town, or county) (State)
INDEPENDENCE, Mo

24. FUNERAL DIRECTOR
Robert R. Speaks

ADDRESS
Indep Mo. 2-20-60

25. DATE RECD. BY LOCAL REG.
2-20-60

26. REGISTRAR'S SIGNATURE
Neve Marshall

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF EDWARD P. ALCORN

AUG 31 1960

APR 20 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Indep 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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