

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

30M-9-1-1035 I X16605

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

41743
Do not use this space.
4809

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 1002

(c) City Kansas City, Mo. (d) Street No. Mercy Hospital St.

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Judith Ann Carey

(a) Residence, No. North Kansas City, Route #5 St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6, 1935

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>3</u>	<u>3</u>	<u>2</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Kearney, Mo. 0

(STATE OR COUNTRY)

FATHER

13. NAME Jess W. Carey 0

14. BIRTHPLACE (CITY OR TOWN) Kearney, Mo. 1

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Alida Homstad

16. BIRTHPLACE (CITY OR TOWN) Black River Falls, Wis

(STATE OR COUNTRY)

17. INFORMANT Jess W. Carey

(ADDRESS) North K. C. Mo. Route #5

18. BURIAL, CREMATION, OR REMOVAL PLACE Kearney, Mo. DATE Dec. 10, 1938

19. FUNERAL DIRECTOR (NAME) Morton Funeral Home

(ADDRESS) North Kansas City, Mo.

20. FILED Dec 10 1938 M. M. Brown

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8, 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1938, to Dec 8, 1938.

I last saw h. or alive on Dec 8, 1938 Death is said to have occurred on the date stated above, at 12 p.m.

The principal cause of death and related causes of importance were as follows:

acute streptococcal pharyngitis c. toxic edema of the glottis

Other contributory causes of importance:

hypostatic pneumonia

Toxin Myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. B. Brubaker M. D.

(Address) 5017 W. 11th St.

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North 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, above space should be left blank.