DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35100

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4075

NOV 14 1939

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Luke's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County .....

(c) City or town Springfield (If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Edwin A. Carlisle 642

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male — 5. Color or race White — 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Laura Mae Carlisle — 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased May 31, 1877 (Month) (Day) (Year)

8. AGE: Years 62 — Months 4 — Days 23 — If less than one day ..... hr. ..... min.

9. Birthplace South Carolina (City, town, or county) (State or foreign country)

10. Usual occupation Sales Manager-Springfield

11. Industry or business Metallic Casket Company

FATHER
12. Name M. A. Carlisle
13. Birthplace South Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rosa Renwick
15. Birthplace South Carolina (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Laura Mae Carlisle

(b) Address Springfield, Ohio

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 24, 1939 (Month) (Day) (Year)

(c) Place of burial or cremation Asheville, North Carolina

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 W. 42nd St., K.C., Mo.

19. (a) 10/24/39 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24, year 1939 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Oct 8, 1939, to Oct 24, 1939; that I last saw him alive on Oct 23, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	3 days
Due to Influenza 9410	14 days.
Due to	
Other conditions Coronary Sclerosis (Include pregnancy within 3 months of death)	4 mo.

Major findings: Of operations ✓

Of autopsy ✓

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: ✓

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? ✓ (e) Means of injury .....

23. Signature F. J. Wilson M.D. (M. D. or other)

Address Plaza Med Bldg. Date signed 10 24 39

(Licensed Embalmer's Statement on Reverse Side)

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

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.