

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4195

1. PLACE OF DEATH: 2
(a) County. JACKSON
(b) City or town. KANSAS CITY
(c) Name of hospital or institution: 3816 BENTON BLVD.
(d) Length of stay: In hospital or institution. 14 YEARS
In this community. 14 YEARS

3. (a) PRINT FULL NAME MR DANIEL J CARR
3. (b) If veteran, name war. NONE
3. (c) Social Security No. NONE

4. Sex. MALE 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife. MRS CARRIE A CARR 6. (c) Age of husband or wife if alive. WIFE NOT ALIVE
7. Birth date of deceased. MARCH 7 1862

8. AGE: Years 77 Months 7 Days 25 If less than one day hr. min.

9. Birthplace. FALL CREEK ILLINOIS

10. Usual occupation. INTERNATIONAL HARVESTER

11. Industry or business. QUINCY ILLINOIS

MOTHER FATHER { 12. Name. LEWIS G. CARR
18. Birthplace. VIRGINIA
14. Maiden name. UNKNOWN
15. Birthplace. UNKNOWN

16. (a) Informant's own signature. Charles Carr

(b) Address. 420 WEST MEYER BLVD

17. (a) REMOVAL (b) Date thereof. NOV-2-1939

(c) Place: burial or cremation. QUINCY, ILLINOIS

18. (a) Signature of funeral director. O. H. Newcomer, Son

(b) Address. 1401 BRUSH CREEK BLVD

19. (a) 11-2-39 (b) M. M. Crowe

2. USUAL RESIDENCE OF DECEASED: 1
(a) State. MISSOURI (b) County. JACKSON
(c) City or town. KANSAS CITY
(d) Street No. 3816 BENTON BLVD.
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOVEMBER day 1ST 39
year 1939 hour 2:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from OCTOBER 26, 1939, to NOVEMBER 1, 1939; that I last saw him alive on NOVEMBER 1, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death. PNEUMONIA, LOBAR Duration 3 days

Due to. Conary or rheuma

Due to. 108

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Walter C. ... (M. D. or other) _____
Address 4748 Prospect Date signed _____

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

Rev. 5-17-39 I 193511

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

George M. Collier

Licensed Embalmer No.

3839

P. O. Address

K.C. 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.