

Registration District No. **FILED MAR 9 1 1940**

Primary Registration District No. **1092**

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital, K. C. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 6 Years.
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Susan Edna Carlile,

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

4. Sex Female 5. Color, or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife David Carlile 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased August 5th, 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 28 If less than one day hr. min.

9. Birthplace: Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

12. Name Robert Long,

13. Birthplace No Record.
(City, town, or county) (State or foreign country)

14. Maiden name No Record.

15. Birthplace No Record.
(City, town, or county) (State or foreign country)

16. (a) Informant Robt. E. Carlile

(b) Address 33 West 74th, Str., K.C. Mo.

17. (a) Burial (b) Date thereof Feb. 6- 40
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn Avenue, K.C. Mo.

19. (a) Feb. 5, 1940 (b) M. M. Cronin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 33 West 74th, Str., K.C. Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd 1940
year 1940 hour 11 minute 39 P.M.

21. I hereby certify that I attended the deceased from Jan 28
Feb 3 - Feb 3 1940 to Feb 3 1940
that I last saw her alive on Feb 2 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Due to 1. D
1. b. N.

Due to _____

Other conditions Myo Carditis Chronica
(Include pregnancy within 3 months of death)

Major findings: Toxic Nephritis
Of operations Nephritis
Of autopsy Pneumonia Fluid 600cc
Chol. Myo. Card. Arteriosclerosis

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?

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

23. Signature W. W. Cronin (M. D. or other) _____
*Address 636 Argyle Bldg Date signed 1-5-40

Dr. Cantrell _____
Dr. Switzer _____
Phone _____
Office _____

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 me

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Theron A. Bidmon

Licensed Embalmer No. _____

2737

P. O. Address _____

Albino

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.