

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 16 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13529  
Registrar's No. 1510

Registration District No. 399

Primary Registration District No. 1002

18  
3  
8  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County. Jackson  
(b) City or town. Kansas City  
(c) Name of hospital or institution:  
3230 E. 9th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community. Life  
years, months or days)

3. (a) PRINT FULL NAME. Ronald Dean Carlton  
(b) If veteran, name war. No  
(c) Social Security No. None

4. Sex. Male 5. Color or race. White  
6. (a) Single, widowed, married, divorced. Single  
6. (b) Name of husband or wife. \_\_\_\_\_  
6. (c) Age of husband or wife if alive. \_\_\_\_\_ years  
7. Birth date of deceased. December 22 1939  
(Month) (Day) (Year)

8. AGE: Years 1 Months 3 Days 28  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace. Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation. Child

11. Industry or business. Same

MOTHER FATHER { 12. Name Harold Carlton  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Hartman  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant. Harold Carlton  
(b) Address. 3230 E. 9th St.

17. (a) Burial (b) Date thereof 4/17/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Rose & Henderson  
(b) Address 15th & Jackson

19. (a) Apr 16 1941 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Missouri (b) County. Jackson  
(c) City or town. Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3230 E. 9th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 15  
year 1941 hour 2:45 minute P. M.

21. I hereby certify that I attended the deceased from 4/13, 1941, to 4/15, 1941;  
that I last saw him alive on 4/15, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia  
Duration 6 hours

Due to \_\_\_\_\_  
Due to measels 25

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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?

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

23. Signature D. R. Russell (M. D. or other) \_\_\_\_\_  
Address 3230 E. 11 St. Date signed 4/16/41

**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

*John B. Camp*

Licensed Embalmer No. *29555*

P. O. Address *17 C. New*

**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, fact should be so stated above:**