

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 2966

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:  
General Hospital #20  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7-22-41-7-23-41  
(Specify whether  
In this community 54 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1515 Harrison (1st fl So)  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

C. W. Caradine (n.m.o.)

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 10 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>11</u>	<u>12</u>	hr. min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Anderson Caradine

13. Birthplace Miss.  
(City, town, or county) (State or foreign country)

14. Maiden name Charity ?

15. Birthplace Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address Gen. Hosp. #2

17. (a) Burial (b) Date thereof Aug. 5 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagonville Cemetery, Wagonville, Mo.

18. (a) Signature of funeral director Wagonville

(b) Address 1520 N. 3rd St.

19. (a) 8/5/41 (b) M. H. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 22  
year 41 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from 7-22- 1941 to 7-23- 1941  
that I last saw him alive on 7-23- 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Type of Heart Disease

Due to Hypertension

Due to \_\_\_\_\_

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address Gen. Hosp. #2 Date signed 7-29-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4838

**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

*Nathan Matthews*

Licensed Embalmer No. *2700*

P. O. Address *1528 N. 5th St. -*

**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.**