

FILLED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30590 48

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 100
(No. Lakeside Hospital)

File No. _____
Registered No. 33478
St. _____ Ward _____

2. FULL NAME

Loie Catherine Carnahan

Soc. Sec. No. 487-10-9058

(a) Residence, No. 3403 Central street St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>53</u>		<u>1</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk, K.C. Gas Co.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oakland California

13. NAME Dr. J. L. Carnahan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton, Indiana

15. MAIDEN NAME Isabelle Toole

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton, Indiana

17. INFORMANT Miss Elizabeth Carnahan
(ADDRESS) 3403 Central

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 9/9/41

19. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Mo.

20. FILED 9/8 19 41 M. M. Crown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6th 1941

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1941, to September 6, 1941. I last saw him alive on September 6, 1941. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis Date of onset 8-6-41

Other contributory causes of importance:

Abdominal Carcinoma - primary in ovary with metastasis to entire abdomen

Name of operation Exp. Lap. Date of Jan 1941
What test confirmed diagnosis? Clin. Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
(Signed) Dr. A. E. Smille M. D.
(Address) 612 Chamber Billy
Kansas City, Mo.

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.

