S. No. 2
M—1-4-41
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1942

Registration District No. 197

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 10550

Primary Registration District No. 5276

Registrar's No. 16

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

24
0
0

**1. PLACE OF DEATH:**

(a) County Clay

(b) City or town Rural--North Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Gallatin Twp Route #5 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 54 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Clay 024

(c) City or town Rural - North Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. Route #5 (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country ..... no

3. (a) PRINT FULL NAME MARY IRENE CARR

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 married

6. (b) Name of husband or wife Walter J. Carr

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

7. Birth date of deceased October 24, 1887 (Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 9 If less than one day ..... hr. ..... min.

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

10. Usual occupation housewife

11. Industry or business .....

FATHER

12. Name Nels Samstead

13. Birthplace Norway (City, town, or county) (State or foreign country) 4

MOTHER

14. Maiden name Rachel Olson

15. Birthplace Norway (City, town, or county) (State or foreign country) 4

16. (a) Informant Harold Carr

(b) Address 2105 Fayette, North K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-5-42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North K. C. Mo.

19. (a) Mar 5-1942 (Date received local registrar) (b) Ruth N. Henry (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 3 year 1942 hour 4:10 minute A. M.

21. I hereby certify that I attended the deceased from Mar 1941, 19..... to March 3 19 42 that I last saw h. alive on March 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Cerebral sclerosis

Due to Arteriosclerosis with marked decompensation

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations 94a

Of autopsy .....

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 9-4-42

1021 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 4-14-43

FEB 1 1945

**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 Harold L. Posson, Registered Apprentice No. 3605, working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North 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, fact should be so stated above.**