

FILED MAY 21 1942

State File No.

Registration District No. 379

Primary Registration District No. 1002

Registrar's No. 1840

1. PLACE OF DEATH:

(a) County Jackson
Kansas City
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Penn. (b) County Jacks
(c) City or town Pittsburg
3105 Niagra (If outside city or town limits, write "RURAL")
(d) Street No. Pittsburg, Penn.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RUSSELL J. CAREY

3. (b) If veteran, name war World War 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr. 4 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 4 If less than one day hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name John Carey

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

14. Maiden name Ella Farley

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

16. (a) Informant Record Clerk

(b) Address K.C. General Hosp.

17. (a) Burial (b) Date thereof 5 12 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wadsworth, Kansas

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

(b) Address 2332 Monitor Place, K.C. Mo.

19. (a) 5-11-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1942 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from 5-7-42 19 to 5-8-42 19
that I last saw him alive on 5-8-42 and that death occurred on the date and hour stated above.

Immediate cause of death Post operative peritonitis and shock following resection of gangrenous ileum

Due to _____
Due to 123:1

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

Major findings: Of operations _____

Of autopsy See above

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 Druey R. Thom (M. D. or other) _____
Address Med. Dir. K.C. General Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

364

MAY 28 194

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..... *Blaine E. Weelert*
Licensed Embalmer No..... *4075*
P. O. Address *2392 Monitor Pl. N.C.*

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.