S. No. 2
M—9-4-41
r. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20202

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 2345

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

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: 4900 East 39th Street, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether In this community since 1924 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson, 48

(c) City or town Kansas City, 3 (If outside city or town limits, write "RURAL")

(d) Street No. 4900 East 39th Street, 8 (If rural, give location) 0

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

If yes, name country x

3. (a) PRINT FULL NAME William Sherman Cary,

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Minnie Cary

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

7. Birth date of deceased February (Month) 2 (Day) 1866 (Year)

8. AGE: Years 76 Months 4 Days ~~12~~ 13 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Park Department

11. Industry or business x

FATHER
12. Name Thomas Cary,
13. Birthplace Virginia, (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Mary Findlay,
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. Matt A. Foster,

(b) Address Grandview, Missouri,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 6-17-42 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-18-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th year 1942 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from 6-14, 1942, to 6-15, 1942 that I last saw him alive on 6-15, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart disease with myocardial failure	? 2 wks
Due to	
Due to 95 N	
Other conditions Uremia (Include pregnancy within 3 months of death)	10 days

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Hubert M Parker (M. D. ~~or other~~)

Address 736 Argyle Date signed 6-17-42

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(Licensed Embalmer's Statement on Reverse Side)

Dr. Hubert Parker,

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 E. M. Plank

Licensed Embalmer No. 1845

P. O. Address 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.