

No. 2  
5-42  
5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 17 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20335  
State File No. 2639  
Registrar's No.

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: K.C. General Hospital No. 1  
(d) Length of stay: In hospital or institution 13 days  
In this community 7 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. Helping Hand Institute 523 Grand  
(e) Citizen of foreign country? Yes  
If yes, name country Denmark

3. (a) PRINT FULL NAME Carl Larson  
(b) If veteran, name war No  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 8th year 1942 hour 12 minute 10 P. M.

4. Sex Ma  
5. Color or race Wh  
6. (a) Single, widowed, married, divorced Sgl  
6. (b) Name of husband or wife XX  
6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased February 14 1867

21. I hereby certify that I attended the deceased from 6-25-42 to 7-8-42  
that I last saw him alive on 7-8-42  
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 4 Days 24  
If less than one day hr. min.

Immediate cause of death  
Heart Disease, Arteriosclerotic

9. Birthplace Burtup Denmark

Due to Generalized arteriosclerosis  
Due to 93D

10. Usual occupation Tailor

Other conditions  
Major findings: Of operations  
Of autopsy

11. Industry or business retired  
12. Name No Record  
13. Birthplace  
14. Maiden name  
15. Birthplace

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
None

16. (a) Informant Dr. D. H. Howerton  
(b) Address 523 Grand Ave.

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) Burial (b) Date thereof 7-10-42  
(c) Place: burial or cremation Maple Hill Cemetery

While at work? (Specify type of place)  
Means of injury 3  
23. Signature of Registrar M. M. Brown (M. D. or other)  
Address K.C. General Hospital  
Date signed

18. (a) Signature of funeral director J. M. Wagner  
(b) Address Kansas City, Mo.  
19. (a) 7-10-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

361 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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 *Cecil R. Matthes*

Licensed Embalmer No. *3807*

P. O. Address. *Kansas City, 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.**