

FILED DEC 31 1942

Registration District No. **149**

Primary Registration District No. **1002**

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:  
**3536 Woodland ave**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **20 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3536 Woodland ave**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **all life** years.

3. (a) PRINT FULL NAME **BERTHA CAROLL**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Oct 16 1890**  
(Month) (Day) (Year)

8. AGE: Years **52** Months **2** Days **4** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Proctor Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business \_\_\_\_\_

12. Name **Francis E. Carroll**

13. Birthplace **Proctor Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Alma Weston**

15. Birthplace **New York**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Haley**

(b) Address **5424 Harrison St.**

17. (a) **burial** (b) Date thereof **Dec 24 - 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenland Cemetery**

18. (a) Signature of funeral director **P. H. Thompson**

(b) Address **2512 Oak St.**

19. (a) **12-23-42** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **20**  
year **1942** hour **6** minute **9 A.M.**

21. I hereby certify that I attended the deceased from **Coroner** to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him **alive on** \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary occlusion (sclerotic) acute pulmonary edema**

Due to **94a**

Due to \_\_\_\_\_

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 **R. C. Mo.** (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed **12/24/42**

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

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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.....

*P. A. Thiesen*

Licensed Embalmer No. 2361

P. O. Address 2512 Holm St.

**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, above space should be left blank.**