

FILED MAY 5 1943 149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1822

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: 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 7 days
(Specify whether years, months or days)
 In this community 2 months + 27 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2418 Troost
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

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

4. Sex male 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 Jan 18 1943
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	2	27	hr. _____ min.

9. Birthplace K.C. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER {
 12. Name Harry H Cary
 13. Birthplace Quilicura
(City, town, or county) (State or foreign country)
 14. Maiden name Juanita Powell
 15. Birthplace Spain
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harry H Cary
 (b) Address 2418 Troost

17. (a) Burial (b) Date thereof Apr-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mr. C.L. Foster
 (b) Address 918 Broadway

19. (a) 4-17-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
 year 1943 hour 2:00 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from 4-8-43 to 4-15-43
 that I last saw him alive on 4-15-43
 and that death occurred on the date and hour stated above.

Immediate cause of death INTESTINAL OBSTRUCTION

Due to Pyloric Stenosis

Due to 157g

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 12

23. Signature Amey R. Shroy (M. D. or other)
 Address Med. Dir. K.C. Gen. 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

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

Dwight C. Browning

Licensed Embalmer No. *2724*

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.