

FILED JUN 8 1943 42
Registration District No. _____

Primary Registration District No. 1001 1000

Registrar's No. 594

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital no. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs 10 mo 25 da
(Specify whether years, months or days)
In this community 2 yrs 10 mo 25 da
(Specify whether years, months or 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. 523 Grand
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN CARLSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single widowed, married, divorced _____

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

7. Birth date of deceased January 3 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>4</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Farm Laborer

11. Industry or business _____

12. Name William Thomas

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

14. Maiden name Lucinda S. Leemaker

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

16. (a) Informant Records State Hospital

(b) Address St Joseph - Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-43
(Month) (Day) (Year)

(c) Place: burial or cremation State Hosp. #2

18. (a) Signature of funeral director Fleming & Son Inc

(b) Address 1946 Colham St.

19. (a) 5-15-43 (Date received local registrar) (b) Rae Heagy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1943 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from May 5 - May 13 1943, to May 13 1943;

that I last saw him alive on May 13 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration 10 days

Due to 93d

Other conditions Cerebral edema
(include pregnancy within 3 months of death)
Chronic myocarditis

Major findings: Cerebral edema, Myocarditis

Of operations _____
Of autopsy Bronchopneumonia
Cerebral edema, Myocarditis

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 Leo M. Betler (M. D. or other) _____
Address St. Joseph Mo Date signed 5/15/43

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

MOTHER FATHER

1233

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.....

Licensed Embalmer No.....

P. O. Address.....

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.