. S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr E. H. Anderson

State File No. 40877

FILED DEC 22 1943

Registration District No. Kansas City Mo. Primary Registration District No. 1706 Prospect Blvd

Registrar's No. 5188

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: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hr. (Specify whether years, months or days)

In this community 3 hr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 630½ Kansas Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Imogene Carson

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 12 (Month) 7 (Day) 43 (Year)

8. AGE: Years | Months | Days | If less than one day hr. 3 hours min.

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

10. Usual occupation Baby

11. Industry or business

FATHER
12. Name George F. Carson
13. Birthplace Buchner (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Margaret Frazier
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs Raymond Frazier
(b) Address R R #2 Kc

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill KC

18. (a) Signature of funeral director H F Daniels
(b) Address 7th Kansas

19. (a) 12-9-43 (Date received local registrar) (b) M. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Dec. 7, 1943, to Dec. 7, 1943 that I last saw him alive on Dec. 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity — Duration

Due to 6 month 1 week pregnancy — Duration

Due to Wgt 2 lb 3 oz — Duration

Other conditions (Include pregnancy within 3 months of death) — Duration

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

23. Signature Eugene H Ferguson (M. D. or other)
Address 933 Brd Blvd Date signed 12-8-43

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(Licensed Embalmer's Statement on Reverse Side)

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 A. C. Werner

(Fairweather - Werner) Licensed Embalmer No. 2597

P. O. Address 18th & Washington

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.