

FILED MAR 18 1944 49  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 1008

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town K.C.  
(c) Name of hospital or institution: Mellon Hotel  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 1  
In this community ? unknown  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town K.C.  
(d) Street No. Mellon Hotel  
(e) Citizen of foreign country? 9th St. Central  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry C. Carleton  
3. (b) If veteran, ? no name war \_\_\_\_\_  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 15  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex m 5. Color or race w  
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: unknown  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death: arteriosclerotic heart disease

8. AGE: Years Months Days If less than one day  
Approx 60 hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 93d

9. Birthplace: ? unknown  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Inspection History

10. Usual occupation ? none  
11. Industry or business \_\_\_\_\_  
12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Coroner J. J. ...  
(b) Address Jackson County Mo  
17. (a) burial (b) Date thereof 3-3-44  
(c) Place: burial or cremation Maple Hill Cem  
18. (a) Signature of funeral director H. Eggenman  
(b) Address K.C. Mo  
19. (a) 3-3-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature A. E. Upsher (M. D. or other) M. D.  
Address 22 N. Coy Date 2/15/44

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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.....

..... *Francis Walton* ....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *J. H. Paganian* .....,  
Licensed Embalmer No..... *2744* .....,  
P. O. Address..... *KR. MD.* .....

**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.**