

**FILED AUG 14 1944**

**3150**

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

**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: RESEARCH HOSPITAL  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 DAYS  
(Specify whether years, months or days)  
 In this community 8 YEARS

**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. 1805 E 89th TERRACE  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CARSON, GEORGE, MFC INTYPE

3. (b) If veteran, name war NO 3. (c) Social Security No. 990-04-0911

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month JULY day 30<sup>TH</sup> year 1944 hour 6 minute 15 P.M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife MILDRED 6. (c) Age of husband or wife if alive 34 years  
 7. Birth date of deceased FEB 9 1907  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 10 1944 to July 30 1944  
 that I last saw him alive on July 30 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 38 Months 27 Days 5 21 hr. \_\_\_\_\_ min. \_\_\_\_\_  
 If less than one day

Immediate cause of death Acute coronary occlusion  
 Due to Pneumonia  
 Due to Pneumonia  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace SYRACUSE NEW YORK  
(City, town, or county) (State or foreign country)

10. Usual occupation TOOL DESIGNER

11. Industry or business AMERICAN DESIGNING CO

12. Name DUNCAN, F. MACINTYRE

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

14. Maiden name OLIVE F. NAULT

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

16. (a) Informant Wm. H. Halland

(b) Address 1805 E 89th

17. (a) Burial (b) Date thereof Aug 2 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant

18. (a) Signature of funeral director D. H. Newman's Sns

(b) Address 1401 BAUSH GREEN BLVD.

19. (a) 8-1-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

Major findings: 95 lb  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 D

23. Signature Wm. H. Halland (M. D. or other) M.D.  
 Address 2300 N. Halsted Date signed 8/1/44

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

MOTHER FATHER

Duration

5 days

17 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

1350 Professional Bldg.  
1-4-30

B. R. C. Davis

B. R. C. Davis  
Beverly Hills

MAY 19 1950

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 C Oscar Hertley

Licensed Embalmer No. 1067

P. O. Address 700 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.