

FILED SEP 7 1944

State File No. _____
Registrar's No. **3369**

Registration District No. **149** Primary Registration District No. **1602**

1. PLACE OF DEATH:

(a) County **Jackson Missouri**
(b) City or town **Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **109 East 33rd Street**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days) **17 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. **109 East 33rd Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Silas Harmon Carr**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **500-03-1445**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Alice Carr** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **February 8th 1865**
(Month) (Day) (Year)

8. AGE: Years **79** Months **6** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **Boonville Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farming**

11. Industry or business **Farming**

MOTHER FATHER { 12. Name **John Carr**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Jane Humphrey**
15. Birthplace **Iowa**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alice Carr**
(b) Address **109 East 33rd Street**

17. (a) **Removal** (b) Date thereof **8-17-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ritchey, Missouri**

18. (c) Signature of funeral director **Freeman Mortuary**
(b) Address **104 West 42nd Street**

19. (a) **8-16-44** (b) **N. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **14** year **1944** hour **8** minute **15** M.

21. I hereby certify that I attended the deceased from **5-1-44** to **8-14**, 19**44**, that I last saw him alive on **8-14**, 19**44**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Mild insufficiency**
Due to **Hypertensive cardiopathy** 1 year

Due to _____
Other conditions (Include pregnancy within 3 months of death) **24**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**
23. Signature **Orlo Johnson** (M. D. or other) **MD**
Address **110 3E Cannon** Date signed **8-16-44**

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.