

FILED DEC 4 1944
Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4676

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

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: K. C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day 40 mins.
(Specify whether years, months or days)

In this community 1 day 40 mins.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 48

(c) City or town Buckner 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mary Carrier

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1944 hour 9 minute 15 P.M.

4. Sex Female 5. Color or race wh. 6. (a) Single, widowed, married, divorced Child

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

7. Birth date of deceased June 4 - 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 19 1944 to Nov. 20 1944
that I last saw h. er alive on Nov. 20 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
4 5 16 hr. min.

Immediate cause of death Diphtheria Duration

Due to

Due to 10

Other conditions —
(include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy See above

9. Birthplace Warrensburg Mo 11
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business —

12. Name Peter Carrier

13. Birthplace Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Elvora Pearson

15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant General Hosp - Record

(b) Address K. C. Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

17. (a) — (b) Date thereof 11-21-44
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg Mo

(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? —

18. (a) Signature of funeral director Stewart McClure

(b) Address K. C. Mo

19. (a) 11-21-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

While at work — (Specify type of place) (Means of injury)

23. Signature A. E. Yostner (M. D. or other) MS
Address Med. Dir. Gen'l Hosp. Date signed 11-21-44

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address T. C. 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.