

U. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40020

FILED DEC 23 1944
1944

State File No. _____

5101

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:
Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community about 70 yrs
years, months or days

3. (a) PRINT FULL NAME Dr Eugene Carbaugh
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Male 5. Color or race wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carlene
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Feb 1st 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 13
If less than one day hr. _____ min.

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

10. Usual occupation Physician

11. Industry or business _____

MOTHER FATHER

12. Name Daniel C. Carbaugh
13. Birthplace Parkville Mo
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Hendrix
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Dr Glenn Carbaugh
(b) Address 1234 Huntington Rd

17. (a) Burial (b) Date thereof Dec-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah Mausoleum

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address Kansas City Missouri

19. (a) 12-16-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

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. 7720 Wernall Rd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14th
year 1944 hour 3 minute 30 AM

21. I hereby certify that I attended the deceased from 1936 to Dec. 14 1944
that I last saw him alive on Dec 14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of gastric bladder
2 weeks

Due to _____
Due to 46 of

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations no
Of autopsy no

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 _____
23. Signature Fred Army (M. D. or other)
Address 1610 Professional Bldg. Date signed 12-16-44
Kansas City, Mo.

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

Dr Fred Irwin
Prof Bg
Ha 6379

Dr Fred Irwin

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

Chas E. Wilks

Licensed Embalmer No.

2644

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.