S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20494
State File No.

FILED JUN 19 1945
Registration District No. 176

Primary Registration District No. 3026

Registrar's No. 136

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Indep. ~~Kansas City,~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hours (Specify whether
In this community 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1400 Linwood, 8
(If rural, give location)
(e) Citizen of foreign country? no. 0 (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Harry James Carlson,
3. (b) If veteran, name war World War #2
3. (c) Social Security No. 487-10-4400
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife H. Jean Carlson
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased January (Month) 28 (Day) 1908 (Year)

8. AGE:	Years	Months	Days	If less than one day
	37	3	22	hr. min.

9. Birthplace Iowa (City, town, or county) 1 (State or foreign country)
10. Usual occupation Sales
11. Industry or business Loose-Wiles Biscuit Company,
FATHER
12. Name unknown,
13. Birthplace unknown, 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown,
15. Birthplace unknown, 4 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. H. Jean Carlson,
(b) Address 1400 Linwood, Kansas City, Mo.
17. (a) ~~Removal~~ Burial (Burial, cremation, or removal) Date thereof 5-23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem. K.C. Mo.
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 5-23-1945 (Date received local registrar) (b) James W Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 19
year 1945 hour 10 20 minute P M.
21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Skull Fracture	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 173-8	
34	
Of autopsy no History + Inspection	

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) accident 8
(b) Date of occurrence 5-19-'45
(c) Where did injury occur? Independence air port (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? no (e) Means of injury airplane trash
23. Signature James C Walker (M.D. ~~or other~~)
Address 1424 profm bldg Date signed 5-20-45

1163

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1945

JUN 20 1945

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 Robert H Reed

Licensed Embalmer No. 3746

P. O. Address K. 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.