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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26364

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3549

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: Northeast Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hours (Specify whether
In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City "Rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. 9144 Shope 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME MINNIE CARNAHAN
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Burl Carnahan
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased October (Month) 23 (Day) 1892 (Year)

8. AGE: Years 52 Months 10 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace Thayer (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William Dodson
13. Birthplace Unknown 9 (City, town, or county) " (State or foreign country)
MOTHER
14. Maiden name "
15. Birthplace 9 (City, town, or county) (State or foreign country)
16. (a) Informant Burl Carnahan
(b) Address 9144 Shope
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt.Washington Cemetery
18. (a) Signature of funeral director Geo.C.Carson Funeral Home
(b) Address Independence Missouri
19. (a) 8-25-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24, year 1945 hour 1:10 minute P M.
21. I hereby certify that I attended the deceased from 8-23-45, 19__, to 8-24-45, 19__; that I last saw her alive on 8-24-45, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac dilatation (strangulated hernia)	immediate
Due to surgery + chronic myocardial degeneration	3 yrs.
Due to	
Other conditions Cardiac asthma (Include pregnancy within 3 months of death)	

Major findings:
Of operations 122a
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Ralph Earhart DO2 (M.D. or other)
Address 1030 Indep Ave. Date signed 8-24-45

(Licensed Embalmer's Statement on Reverse Side)

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: George C. Carson

Licensed Embalmer No. 2249

P. O. Address: Independence 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.