

S. No. 2
OM-5-43
EV. 5-17-39
I X36671

State File No. _____

FILED DEC 6 1945
1949

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4772

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:
General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 460 days
(Specify whether _____)

In this community 18 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2008 Bellview 8
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME CLAUDE CARLOCK

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Katie Carlock

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased December 15, 1881
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1945 hour 6 minute 45 a. m.

21. I hereby certify that I attended the deceased from 8-16-44
_____, 19____, to 11-18, 1945;
that I last saw him alive on Nov. 18, 1945;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>11</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death Terminal Broncho Pneumonia

Due to Hypertensive Heart Disease

Due to _____

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

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

10. Usual occupation Laborer Retired

11. Industry or business Cudaby Packing Co.

12. Name Henderson Carlock

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

14. Maiden name Seridia Pemberton

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Medical Records Librarian

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 11-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Westlawn N.E. 1st

18. (a) Signature of funeral director Mrs. J. W. Jones

(b) Address 440 State Ave. N.E. 1st

19. (a) 11-21-45 (b) Thelma Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury 6

23. Signature J. O. Turner (M. D. or other) _____

Address General Hospital #2 Date signed 11/19/45

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.....

Eugene English

Licensed Embalmer No. *4905*

P. O. Address *440 State Ave. K. C. Kan*

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.