

FILED DEC 12 1945
Registration District No. **149**

Primary Registration District No. **1002**

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: **2418 E 28th St**
(If notify hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30Yrs.**
(Specify whether years, months or days)
In this community **30Yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **K. C.**
(If outside city or town limits, write "RURAL")
(d) Street No **2418 E28**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Thomas C. Carolina**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **493-12-6988**

4. Sex **M** 2 5. Color or race **Col** 6. (d) Single, widowed, married, divorced **Mar.**

6. (b) Name of husband or wife **Esther Carolina** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **Aug 4 1898**
(Month) (Day) (Year)

8. AGE: Years **48** Months **3** Days **28 27** hr. min.

9. Birthplace **Holdenville, Okla**
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business _____

12. Name **Frank Carolina**

13. Birthplace **Okla**
(City, town, or county) (State or foreign country)

14. Maiden name **Mitilda McEntoch** **Okla**
(City, town, or county) (State or foreign country)

15. Birthplace **Okla**
(City, town, or county) (State or foreign country)

16. (a) Informant **Esther Carolina**

(b) Address **2418-E128th St**

17. (a) **Burial** (b) Date thereof **11-29 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland**

18. (a) Signature of funeral director **J. B. Watkins**

(b) Address **17 29 24th**

19. (a) **11-29-45** (b) **E. Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** 26 day **26** Nov. year **1945** hour **7.00** A.M. minute _____ M.

21. I hereby certify that I attended the deceased from **Nov. 4**, 1945 to **Nov. 26**, 1945. that I last saw him alive on **Nov. 26, 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration **10 hrs.**

Due to **Chronic Myocarditis** **D.K.**

Due to _____

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

Major findings: Of operations **93 d**

Of autopsy _____

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

(c) 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? (c) Means of injury **0**

23. Signature **L. E. Kilham, M.D.** (M. D. or other)

Address **2201 E 27th, K.C. Mo** Date signed _____

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 *J. Jerome Manlove*.....

Licensed Embalmer No. 3994.....

P. O. Address 2503 Highland.....

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.