

FILED JAN 21 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5483

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:  
4401 E. 9th St., /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 45 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4401 E. 9th St., 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOSEPH EDWARD CAREL

3. (b) If veteran, name war No 3. (c) Social Security No. 486-09-8752

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb. 4, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 10 26 hr. \_\_\_\_\_ min.

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

10. Usual occupation Engineers and Utility

11. Industry or business K. C. Public Service

MOTHER FATHER { 12. Name Elijah Carel  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Dempsey  
15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Jennie B. Carel

(b) Address 4401 E. 9th St.,

17. (a) Burial (b) Date thereof 1/3/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director C. H. Blackman & Son,

(b) Address Kansas City

19. (a) 1-31-45 (b) Theraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30  
year 1945 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept 27  
1945 to Dec 30, 1945  
that I last saw him alive on Dec 29, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Valvular Disease  
Cardiac Decomposition 1 year  
34 months

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 928  
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 Chas. W. Howard (M. D. or other) MD  
Address 1039 E. Howard Date signed 1/21/46

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

*Dr. Rowe*

**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 *H. D. Blackman*  
Licensed Embalmer No. *3639*  
P. O. Address *N. 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.**