

S. No. 2
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5-17-39
X32627

1242

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 7 1946
Registration District No. 149

Primary Registration District No. 1062

Registrar's No. 250

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: 1225 Ewing /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 years
(Specify whether years, months or days)

In this community 23 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 ²³
(If outside city or town limits, write "RURAL")

(d) Street No. 1225 Ewing ⁷
(If rural, give location)

(e) Citizen of foreign country? No ⁰ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JAMES FENTON CARSON

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. ²⁰ day 10 hour 10 minute P. M. year 1946

3. (b) If veteran, name war No

3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from About 1 year 1946 that I last survive on 1-20 1946 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

Immediate cause of death: Chronic Valvular Heart Disease

Duration _____

6. (b) Name of husband or wife Lucy

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: Nov. 2, 1871
(Month) (Day) (Year)

Due to Carcinoma Breast, metastatic

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>18</u>	hr. _____ min.

Due to _____

9. Birthplace Mooreville, Indiana /
(City, town, or county) (State or foreign country)

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

10. Usual occupation Retired Grocer

Major findings: _____
Of operations: _____

Of autopsy: _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business Self

12. Name Enos W. Carson

13. Birthplace Indiana /
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jones

15. Birthplace Indiana /
(City, town, or county) (State or foreign country)

16. (a) Informant Lucy Carson

(b) Address 1225 Ewing

17. (a) Burial (b) Date thereof 1/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

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

(b) Address Kansas City, Mo.

19. (a) 1-23-46 (b) Staldine Holmes
(Date received local registrar) (Registrar's signature)

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? _____

23. (a) While at work? _____ (Specify type of place)

(b) Means of injury _____

23. Signature P. Alvarado (M. D. or other) _____
Address 6400 High Ave Date signed 1/21/46

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

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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. D. Blackman

Licensed Embalmer No.....

3639

P. O. Address.....

14 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.