

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:  
814 9ndep. Ave. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2n. K.C.K. 18 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1314 Stewart Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Albert Paul Carey

3. (b) If veteran, name war no  
3. (c) Social Security No. 486-07-2043

4. Sex male 5. Color or race white  
6. (a) Single, widowed married  
divorced married  
6. (b) Name of husband or wife Anna Schmidt Carey  
6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased Aug. 12 1893  
(Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 25  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace N.Y. City (City, town, or county) M.Y. (State or foreign country)

10. Usual occupation Stationary Engineer

11. Industry or business Feinberg Ice Cream Co.

12. Name Wm Henry Carey  
13. Birthplace Unknown 6 Infirmary 9 (City, town, or county) (State or foreign country)  
14. Maiden name Not known 6 Infir.  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Carey

(b) Address 1314 Stewart, K.C.K.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3-6-46 (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park, K.C.K.

18. (a) Signature of funeral director Fairweather-Weimer

(b) Address 1734 Washington Blvd. K.C.K.

19. (a) 3-5-46 (Date received local registrar) (b) Theraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4  
year 1946 hour one minute ten P.M.  
21. I hereby certify that I attended the deceased from 2-18-46  
to 3-4-46, 19\_\_\_\_;  
that I last saw him alive on 3-4-46  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis  
Due to Coronary Arteriosclerosis  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 94a  
Of operations \_\_\_\_\_  
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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) - Means of injury \_\_\_\_\_  
23. Signature J. E. ... (M. D. or other) \_\_\_\_\_  
Address 102 ... Date signed 3-5-46

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

8244

203

8

*Dr. J. G. Evans*  
*Huron Bldg.*

---

---

**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. Chick Werner*  
Licensed Embalmer No. *2598*  
P. O. Address *Kansas City, Kansas*

**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.**