

No. 7  
M-5-43  
7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16579**  
Registrar's No. **2206**

Registration District No. **149**

Primary Registration District No. **1002**

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

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:  
**2116 Forest**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **2 years**  
years, months or days)

3. (a) PRINT FULL NAME **Sadie Carmen**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **James C. Carmen**

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

7. Birth date of deceased **February 19, 1875**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>71</b>	<b>2</b>	<b>26<sup>25</sup></b>	hr. _____ min.

9. Birthplace **Newberry, South Carolina**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Morris Means**

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

{ 14. Maiden name **Frances**

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

16. (a) Informant **Lola Mathis**

(b) Address **2116 Forest**

17. (a) **Removal** (Burial, cremation, or removal)

(b) Date thereof **5/17/46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Emporia, Kansas**

18. (a) Signature of funeral director **Guthrie**

(b) Address **1729 Lydia**

19. (a) **5-17-46** (Date received local registrar)

(b) **Gertrudine Holmes** (Registrar's signature)

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. **2116 Forest** **8**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **15**  
year **1946** hour **3** minute **45A** M.

21. I hereby certify that I attended the deceased from **April 1, 1946** to **May 15, 1946**; that I last saw him alive on **May 15, 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Artery Insufficiency**

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **no**

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 **L. W. Bookin** (M. D. or other) **5/17/46**

Address **2028 Vine** Date signed \_\_\_\_\_

*L. J. W. Barker*

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

*Laurence A. Jones*

Registered Apprentice No.

*378*

working under my personal supervision.

Signed

*Jerome Marlowe*

Licensed Embalmer No.

*3994*

P. O. Address.

*25039 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.