S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 19 1946

State File No. 27053

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3330

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K. C. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wheatley Hosp. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 day (Specify whether years, months or days)

In this community 45 Yrx.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town K. C. (If outside city or town limits, write "RURAL") 3

(d) Street No. 2421 Brooklyn (If rural, give location) 8

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

If yes, name country

3. (a) PRINT FULL NAME Edward Carey

3. (b) If veteran, name war no

3. (c) Social Security No. 500-03-1511

4. Sex m 2

5. Color or race c

6. (a) Single, widowed, married, divorced mar 1

6. (b) Name of husband or wife Alice Carey

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. (Month) 9 (Day) 1880 (Year)

8. AGE: Years 66 Months 5 Days 22 If less than one day hr. min.

9. Birthplace Dover Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation laborer

11. Industry or business Jenkins Music

FATHER
12. Name George Carey
13. Birthplace Dover Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Ellen Unk
15. Birthplace Dover Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Evelyn Harris

(b) Address 2221 Tracy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-46 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bro Undt

(b) Address 1229 Lydia

19. (a) 8-2-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 year 1946 hour 7 minute 15 p.M.

21. I hereby certify that I attended the deceased from July 20 1946 ~~August~~, 1946 to Aug 1, 1946 that I last saw him alive on Aug 1, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Heart Disease

Due to Chronic Nephritis

Due to Hypertrophic Prostate

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

131 P

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 0

23. Signature [signature] (M. D. or other)

Address 1132 Flood Date signed 8-1-46

(Licensed Embalmer's Statement on Reverse Side)

1

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 Jerome Marlowe

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.