. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12488

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 628

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Kansas City St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital # 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether

In this community 16 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 2210 E 85th (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME E. E. Carlisle

3. (b) If veteran, name war No

3. (c) Social Security No. not given

4. Sex Male

5. Color or Race White

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

6. (b) Name of husband or wife Viola Carlisle

6. (c) Age of husband or wife if alive not given years

7. Birth date of deceased Nov (Month) 14 (Day) 1888 (Year)

8. AGE: Years 58 Months 5 Days 25 If less than one day hr. min.

9. Birthplace West Virginia (City, town, or county) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business —

FATHER
12. Name not given
13. Birthplace " " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Viola Carlisle

(b) Address 2210 E 85th St. K.C. Mo

17. (a) Burial or Removal (Burial, cremation, or removal) (b) Date thereof May (Month) 9 (Day) 1947 (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director Mellody-McGillen-Eslar

(b) Address 1800 Tonwood Blvd, K.C. Mo

19. (a) 5-9-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 9th year 1947 hour 3 minute a M.

21. I hereby certify that I attended the deceased from 5-9- 1947 to 5-9 1947 that I last saw him alive on 5-9 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis hypostatic pneumonia both lung & upper lobes — Duration 2 days

Due to Parkinson's disease arteriosclerosis a few years

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93E

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 E. C. Jenkins (M.D. or other)

Address State Hospital # 2 Date signed 5/9/1947 St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 John H. Pryor

Licensed Embalmer No. 8999

P. O. Address F. 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.