

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24146⁴
3098
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital No. 1
(d) Length of stay: In hospital or institution 20 mins.
In this community about 35 years

3. (a) PRINT FULL NAME Carl Dayhoff
(b) If veteran, name war None
(c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased Unknown 1893

8. AGE: Years 64 Months ? Days ? If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Record Clerk
(b) Address K. C. General Hosp. #1

17. (a) Burial (b) Date thereof 7-22-47
(c) Place: burial or cremation Maple Hill K.C.K.

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City, Missouri

19. (a) 7-23-47 (b) Heraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 713 1/2 Penn
(e) Citizen of foreign country? Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 17 year 1947 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 17, 1947 to July 20, 1947
that I last saw him alive on July 17, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema and congestion
Aortic stenosis-Cardiac hypertrophy and dilatation

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy: None

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: W. W. Hard (M. D. or other) Med. Dir. Gen'l Hosp.
Address: 7-21-47

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

Dr. Husband

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..... *Blaine E. Wheeler*
Licensed Embalmer No. *4275*
P. O. Address..... *K.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.