31129

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 16 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 749 — Primary Registration District No. 1002 — Registrar's No. 3771

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1604 E. 11th St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 1604 E 11 St (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM CAREY
3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Carey
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased July (Month) 24 (Day) 1883 (Year)

8. AGE: Years 64 Months 1 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Richmond (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Janitor
11. Industry or business .....
FATHER
12. Name Ben Carey
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Ida Carey
(b) Address 1604 E 11 St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem.
18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine St. K.C. Mo
19. (a) 9-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 29 year 1947 hour 8 minute 20 P.M.
21. I hereby certify that I attended the deceased from Deputy Coroner to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Due to Hypertensive Heart Disease
Due to Chronic Nephritis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 131 b
Of autopsy No - Permit

Duration

PHYSICIAN — Underline the cause of 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 J. Williams (M. D. or other) D.C.
Address 2636 - Brooklyn Date signed 9-4-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

FEB 10 1954

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 E. Sterling Bells

Licensed Embalmer No. 3178

P. O. Address 1212 Nine K.C.M.

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.