

No. 2
-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8620

State File No. _____

FILED APR 12 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1264

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo

(c) Name of hospital or institution: 6014 Walnut
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution NO
(Specify whether)

In this community 53 Yr's.
years, months or days

3. (a) PRINT FULL NAME Mrs. Mabel C. Carnie

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex Fem / 5. Color or race Wh

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

6. (b) Name of husband or wife Chas. F. Carnie

6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased Dec. 21 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 27
If less than one day hr. min.

9. Birthplace Woodstock Ontario, Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business No

12. Name Robert Cuthbert

13. Birthplace Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Mulvin

15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. E. Littlefield

(b) Address 6014 Walnut

17. (a) Funeral (b) Date thereof 3-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Stine & McClure

(b) Address K. C. Mo.

19. (a) 3-22-48 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 6014 Walnut
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1948 hour 12:P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Mar. 2 1948 to Mar. 17 1948
that I last saw her alive on Mar. 17 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral Hemorrhage

Due to arterio-sclerotic Hypertension
thrombophlebitis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN _____
Of operations _____
Of autopsy _____
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 U

23. Signature Geoff Jones (M. D. or other) _____
Address 80 1/2 S. 1st Date signed 3/24/48

*In Geo. H. Jones.
80 N. W. 10th St.
Pensacola, Fla.*

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.....

Max E. Meyer....., Registered Apprentice No. *49*
working under my personal supervision.

Signed *J. Edwin Shipperd*
Licensed Embalmer No. *4179*
P. O. Address *X.C. Va.*

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.