

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8623
Registrar's No. 1208

FILED MAR 27 1948
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. LUKE'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether years, months or days)

In this community 28 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 6226 MORNINGSIDE DRIVE
(If rural, give location)

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

3. (a) PRINT FULL NAME MRS. CORA LENORA CARSTENS

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 15TH
year 1948 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 12, 1948, to March 15, 1948; that I last saw her alive on March 14, 1948; and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

(b) Name of husband or wife MR. CARL W. CARSTENS

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased MARCH 1 1893
(Month) (Day) (Year)

Immediate cause of death Pneumonia (Bronchial) Duration _____

Due to Atherosclerosis

Due to Diabetes Mellitus

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

8. AGE: Years 55 Months 0 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSEWIFE

Major findings: Of operations 61

Of autopsy Same as listed above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name FREELAND DE SHON

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

14. Maiden name MARTHA E. FITZGERALD

15. Birthplace LAFAYETTE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MR. CARL W. CARSTENS

(b) Address 6226 MORNINGSIDE DRIVE

17. (a) BURIAL (b) Date thereof MAR. 17-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-17-48 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury U

23. Signature Richard B. Selmer (M. D. or other) M.D.
Address 1630 Poplarwood Bldg. Date signed 3/17/48

