

No. 300
M-10-47
5-17-39
I 3908

FILED APR 12 1948
Registration District No. 749

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: TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS
In this community 4 DAYS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town BLUE SPRINGS
(If outside city or town limits, write "RURAL")
(d) Street No. LAKE TARA WING
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. VIOLA KARR

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. LEWIS KARR 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased APRIL 7 1883
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 11 16
If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

12. Name UNKNOWN BOTVIN

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

14. Maiden name ELIZABETH UNKNOWN

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

16. (a) Informant IRVIN KARR

(b) Address 915 BENTON BLVD. K.C. MO.

17. (a) REMOVAL (b) Date thereof MAR. 26 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ROLLA MISSOURI

18. (a) Signature of funeral director D. H. Newsome's Sons

(b) Address 1401-BRUSH CREEK BLVD.

19. (a) 3-25-48 (b) Gertrude Holmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 23RD
year 1948 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from Pat Holmer, 19...
that I last saw him alive on 10, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Branchiopneumonia, left lobe.

Due to Myocardial Infarct, recent.

Due to Coronary arteriosclerosis thrombotic

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy atms - 932

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Pat Holmer (M. D. of other) Pat Holmer

Address Pat Holmer 1007 Date 24 March 48

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 *W. D. Nofsinger*
Licensed Embalmer No. *3438*
P. O. Address *Kansas City 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.