S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16253

Registrar's No. 2326

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: 2804 Charlotte Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2804 Charlotte Street 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Thomas J. CARROLL

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

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 years

7. Birth date of deceased November (Month) 11, (Day) 1867 (Year)

8. AGE: Years 80 Months 6 Days ~~0~~ 29 If less than one day hr. min.

9. Birthplace Kansas City, (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Retired Bricklayer

11. Industry or business

FATHER
12. Name ---- Carroll 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Green
15. Birthplace ---- (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Mrs. Naomi Nunnick
(b) Address 2804 Charlotte St., K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 6-3-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1948 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from May 1, 1947, to June 1, 1948 that I last saw him alive on May 31, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	4 days
Due to Arteriosclerotic heart disease	1 year
Due to Hypertension	1 year
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

93d

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature John T. Skinner (M. D. or other) MD
Address 1101 Grand K.C. Mo. Date signed 6-1-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Skinner
J.T.
Bryant Bldg.

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 Glen E. Heck

Licensed Embalmer No. 4063

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.