

FILED JUL 12 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2728

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Osteopathic Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 weeks
(Specify whether years, months or days)

In this community 12 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 916 East Lexington 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME William Francis Carey

3. (b) If veteran, name war no

3. (c) Social Security No. 513-09-0853

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 30 year 1948 hour 3 minute 30 a.m.

21. I hereby certify that I attended the deceased from March 18 1948 to June 30 1948 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Louise Carey

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased: (Month) 09 (Day) 12 (Year) 1917

Immediate cause of death: Pulmonary thrombosis

Due to Surgically corrected

Due to Internal Abstruction Surgery 12 days ago

Other conditions: adhesion

(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

30 9 18 hr. min.

Major findings: 121

Of operations: Surgically corrected

Of autopsy: Internal Abstruction

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

9. Birthplace Whitten Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Metal Smith

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 _____

11. Industry or business _____

12. Name William Carey

13. Birthplace Shelby Co. Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Annie Flaherty

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

16. (a) Informant Louise M. Carey

(b) Address 916 East Lexington Indep Mo.

17. (a) Removal (b) Date thereof 7-2-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cem

18. (a) Signature of funeral director Walter Daniel Starish

(b) Address 614 Kansas Ave. C. Kansas

19. (a) 7-1-48 (b) Stearline Holmes
(Date received local registrar) (Registrar's signature)

23. Signature W. B. Baker (M.D. or other) 2

Address Independence Mo Date signed 6/30/48

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

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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 *Harold B. Eckernack*

Licensed Embalmer No. *3035*

P. O. Address *1900 Central*

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.