

FILED SEP 4 1948

Registration District No. 149

Primary Registration District No. 1002

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days) 35 Years

3. (a) PRINT FULL NAME

Marie Carr

3. (b) If veteran, name war No

3. (c) Social Security No. 495-05-1389

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Harold Carr 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 24, 1896
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 1 If less than one day hr. min.

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

10. Usual occupation Barber

11. Industry or business Ed. Hall

12. Name Ed. Hall

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

14. Maiden name Julia Barnes

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

16. (a) Informant Leroy Langston

(b) Address 1302 Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 28, 48 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Quirk & Robin Co

(b) Address 20 W. Linwood

19. (a) 8-27-48 (Date received local registrar) (b) Sheraldine Holmes (Registrar's signature)

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. 1302 Washington 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25
year 1948 hour 1 minute 25 A. M.

21. I hereby certify that I attended the deceased from Aug. 20, 1948 to Aug. 25, 1948;
that I last saw h. alive on Aug. 25, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac dilatation and hypertrophy

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 950

Of autopsy See above

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 0

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. 8-25-48
Date signed

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

MOTHER FATHER

SEP 17 1948

Dr. Andrews
Dr. Plummer

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, by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Howard W. Farmer

Licensed Embalmer No. 4134

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.