No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26189

FILED AUG 26 1948

Registration District No. 999 Primary Registration District No. 1002 Registrar's No. 3233

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: Osteopathic Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Day's (Specify whether years, months or days)
In this community —

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyondotte 999
(c) City or town Kansas City, Kansas 14
(If outside city or town limits, write "RURAL")
(d) Street No. 1719 Haskell 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME EPHRIAM CARSON
3. (b) If veteran, name war No
3. (c) Social Security No. 512-20-9752
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ada May Carson
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased December (Month) 1 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
68	8	5	hr. min.

9. Birthplace Jackson Co. (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Black Smith Helper
11. Industry or business Harry Darby Co.
FATHER
12. Name Frank Carson
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Susan Penrose
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Ada May Carson
(b) Address 1719 Haskell, K. C. Kan.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington Cem.
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Missouri
19. (a) 8-9-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6 th. year 1948 hour 5 minute 05 A. M.
21. I hereby certify that I attended the deceased from Aug. 4, 1948, to Aug. 6, 1948; that I last saw him alive on Aug. 5, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemopericardium	48hrs
Due to Rupture oof Superior Vena Cava	48hrs
Due to Cerebral Hemorrhage in cortical area(intracellular)	48hrs.
Other conditions Atteriosclerosis (Include pregnancy within 8 months of death)	?

Major findings:
Of operations none performed
Of autopsy yes. As above. 630

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. A. Holcomb (M. D. or other) D.O.
Address 4605 Indep. Ave. Kansas City, Mo. Date signed 8-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. R. L. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.