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 AUG 28 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26700

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 237

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1700 So. Noland (If not in hospital or institution, write street number or location)

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

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1700 So. Noland (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frances Ella Carr

3. (b) If veteran, name war →

3. (c) Social Security No. →

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William H. Carr

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

7. Birth date of deceased Feb. (Month) 20 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
86	5	22	hr. min.

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

10. Usual occupation Retired

11. Industry or business House Wife

FATHER

12. Name Daniel H. Luttrell

13. Birthplace Jackson County Mo. (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Armilda Jane Dalton

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

16. (a) Informant Mrs. Myra West

(b) Address 1700 So. Noland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13-48 (Month) (Day) (Year)

(c) Place: burial or cremation Luttrell Cemetery

18. (a) Signature of funeral director Otto Mitchell

(b) Address 310 No. Main St. Independence Mo

19. (a) 8-14-48 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 14 day year 48 hour minute M.

21. I hereby certify that I attended the deceased from Aug 12, 1948, to —, 19..; that I last saw her alive on Aug 12, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Terminal Bronchopneumonia	6 hr
Due to Acute upper resp Inf	48 hr
Due to Arthritis deformans Bedfast for 20 yrs	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 107
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Independence Mo Date signed 8/14/48

(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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Lindep. 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.