S. No. 300
M—10-47
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1948

Registration District No. 799

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29692

Primary Registration District No. 1002

Registrar's No. 3535

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: 3215 Lexington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 35 years (Specify whether years, months or days)

In this community: 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson

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

(d) Street No.: 3215 Lexington
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: LAURA NANCY CARY

3. (b) If veteran, name war: no -

3. (c) Social Security No.: none

4. Sex: fe

5. Color or race: white

6. (a) Single, widowed, married, divorced: wid

6. (b) Name of husband or wife: Rodolph

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

7. Birth date of deceased: Dec. 10 1869 (Month) (Day) (Year)

8. AGE: Years 78 | Months 8 | Days 17 | If less than one day: hr. min.

9. Birthplace: Carrollton (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: at home

MOTHER FATHER

12. Name: Leander Christmas

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

14. Maiden name: Sarah Ellen Willis

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

16. (a) Informant: Winnifred Greeley

(b) Address: 4018 Smart

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-30-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Carrollton Mo

18. (a) Signature of funeral director: C. H. Blackman & Son, Inc.

(b) Address: 2825 Independence Blvd.

19. (a) 8-30-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 27 year: 1948 hour: 12:30 minute: Noon M.

21. I hereby certify that I attended the deceased from 4-8, 1948, to 8-27, 1948, that I last saw her alive on 8-24-48, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
ACUTE CARDIAC DECOMPENSATION	1 MONTH.
Due to: OLD AGE.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NONE	
Of autopsy: NONE	

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: R. D. Dyer (M. D. or other) MD

Address: North Kansas City, Mo. Date signed: 8/28/48

(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.....

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

working under my personal supervision.

Signed O K McFarland

Licensed Embalmer No. #397

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.