

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7438**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>286</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>1 yr, 7 mos, 11 days</b>		c. CITY OR TOWN <b>Kansas City</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No. 2</b>				d. STREET ADDRESS (If rural, give location) <b>2920 E. 61st. Street.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARENCE</b>			b. (Middle) <b>CARNEGIE</b>			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <b>3-11-1949</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	
8. DATE OF BIRTH <b>8-4-1896</b>		9. AGE (In years last birthday) <b>52</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>7</b>		IF UNDER 2 HRS. Hours <b>7</b> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Accountancy</b>		11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
FATHER'S NAME <b>Henry Carnegie</b>		13b. MOTHER'S MAIDEN NAME <b>Mary A. ?</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY <b>487-07-295</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marjorie Balgrade - Kansas City, Mo.</b> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per item (a), (b), and (c) <i>Does not mean the manner of dying, such as death by fire, asphyxiation, etc. It means the disease, injury, or complication which caused death.</i> <b>3-11-49</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral Lobar Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Syphilis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>14 days</b>   <b>5 years</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>9-29-1947</b> , to <b>3-11-1949</b> , that I last saw the deceased alive on <b>3-11-1949</b> , and that death occurred at <b>11:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J.H. Marroway - M.D.</b>				23b. ADDRESS <b>State Hospital No. 2, St. Joseph, Mo.</b>		23c. DATE SIGNED <b>3-12-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/15/1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Mar. 12, 1949</b>		REGISTRAR'S SIGNATURE <b>H. B. Jenkins</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John C. Rupp</b> ADDRESS <b>St. Joseph, Mo.</b>			

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

JUN 15 1945

MAR 23 1945

NOV 9 1951

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

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John E. Rupp*

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri  
County of Buchanan } ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 7 4 3 F-49  
Local Registrar's No. \_\_\_\_\_

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this 23rd day of March, 1949, before me appears John E. Rupp, who, upon his oath, states that the original record of ~~birth~~ death for Clarence Carnegie died March 11, 1949, in the State of Missouri, and which was filed at St. Joseph, Mo. on March 19, 19 49, should be corrected as follows:

Item No. 16 should read 487-07-2757

Instead of None

Item No. 13a should read Henry A. Carnegie

Instead of Unknown

Item No. 24b should read March 15, 1949

Instead of \_\_\_\_\_

Item No. 24c should read Memorial Park Cemetery

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant John E. Rupp Undertaker  
Relationship.  
6054 Pryor Ave., St. Joseph, Mo.  
Present Address.

Subscribed and sworn to before me this 23rd day of March, 1949.

My Commission expires March 25, 1951  
Julius L. Rupp Notary Public.

