

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23232
2860

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSONLY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 13 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		65 8			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4135 CAMPBELL AVENUE				d. STREET ADDRESS (If rural, give location) 4135 CAMPBELL AVENUE					
3. NAME OF DECEASED (Type or Print) ELIZABETH HELEN H. CAREY			4. DATE OF DEATH JULY-1-1949						
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH-7-1892			
9. AGE (In years last birthday) 57 YRS.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) McLOUTH, KANSAS			
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME WILLIAM HARKER		13b. MOTHER'S MAIDEN NAME IDA SHORB		14. NAME OF HUSBAND OR WIFE ORVILLE R. CAREY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MR. ORVILLE R. CAREY 4135 CAMPBELL ST. KANSAS CITY, MO.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Cardiovascular General Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442-X				20. AUTOPSY? YES <input 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 2-26, 1943 to 6-30, 1949, that I last saw the deceased alive on 6-30, 1949, and that death occurred at 3:15 P.M., from the causes and on the date stated above.									
23a. SIGNATURE Chas. C. Montgomery (Degree or title) Chas. C. Montgomery, M.D.				23b. ADDRESS 306-E-12 16. C. MO		23c. DATE SIGNED 7-1-49			
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE JULY 3 1949		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) McLOUTH, KANSAS			
DATE REC'D BY LOCAL REG. 7-4-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS R.W. Newcomer's Sons 1331 BRUSH CREEK BLVD. KANSAS CITY, Mo.					

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

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.

Signed *D. P. Nofsinger*.....

Signed.....

Student Embalmer

Licensed Embalmer No. *3938*.....

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.