

FILED NOV 28 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36357**

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1265</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> <u>2</u>		c. LENGTH OF STAY (in this place) <u>1949 9 mo 2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 2</u>				d. STREET ADDRESS (If rural, give location) <u>98 Greystone</u>				
3. NAME OF DECEASED (Type or Print) <u>Willie</u>		a. (First)		b. (Middle)		c. (Last) <u>Carr</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> <u>1</u>		8. DATE OF BIRTH <u>March 27, 1906</u>		
9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR Months <u>7</u>		IF UNDER 1 YEAR Days <u>23</u>		IF UNDER 4 HRS. Hours <u>-</u> Min. <u>-</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>			11. BIRTHPLACE (State or foreign country) <u>Chandler, Oklahoma</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John Chandler</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Looney M. Carr</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mary Chandler, 98 Greystone, K.C. Mo</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Pneumonia</u> 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 <u>42 22</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		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 <u>Nov 1</u> , 1949, to <u>Nov 20</u> , 1949, that I last saw the deceased alive on <u>Nov 20</u> , 1949, and that death occurred at <u>3:46 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Farrest Thomas M. D.</u>				23b. ADDRESS <u>St. Joseph of State Hospital No 2</u>		23c. DATE SIGNED <u>11/20-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov 21, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>K. C. Kansas</u>		24d. LOCATION (City, town, or county) (State) <u>1520 N. 5th K.C. Mo</u>		
DATE REC'D BY LOCAL REG. <u>Nov 21, 1949</u>		REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>		382 25. FUNERAL DIRECTOR'S SIGNATURE <u>Shelton Funeral Home</u>		ADDRESS		

11
4

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.

Student
Student Embalmer

Signed

Clifford L. Woods

Licensed Embalmer No. *3106*

P. O. Address *375 Parallel*

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.