

FILED JUL 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 2705

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2705

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas-City Missouri</b>	
c. LENGTH OF STAY (In this place) <b>53 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>523 S. Lawndale</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>523 S Lawndale</b>			

3. NAME OF DECEASED (Type or Print) <b>James Ross Carswell</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>June 16 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Apr. 21 1874</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR	IF UNDER 1 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery Retired</b>	11. BIRTHPLACE (State or foreign country) <b>Scotland</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Allan Carswell</b>	13b. MOTHER'S MAIDEN NAME <b>Ross</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs Jeanie Carswell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Allan Carswell</b>	ADDRESS <b>Kas. City, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>4201</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Valvular Heart Disease</b> DUE TO (c) <b>Myocarditis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arterial sclerosis</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **5/31**, 19**50**, to **6/16**, 19**50**, that I last saw the deceased alive on **6/16**, 19**50**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>R.A. Williams</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>5400 S. Johnson K.C., Mo</b>	23c. DATE SIGNED <b>6/16, 50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 19-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Moriah</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>
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DATE REC'D BY LOCAL REG. <b>6-19-50</b>	REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm E R Foster</b>	ADDRESS <b>K.C. Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed

*Joe B. Yoder*

Student Embalmer No.....

Licensed Embalmer No. *4193*

P. O. Address *N. 6 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.