

FILED AUG 28 1950

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26791**
3388

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (In this place) 64 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. STREET ADDRESS (If rural, give location) 4535 Liberty

3. NAME OF DECEASED
a. (First) Albert b. (Middle) SIG c. (Last) Carlson

4. DATE OF DEATH (Month) (Day) (Year)
8 6 1950

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH JUNE 20, 1886

9. AGE (In years last birthday) 64

IF UNDER 1 YEAR: Days _____ Hours _____ Mins. _____
IF UNDER 10 HRS. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 27 YRS

10b. KIND OF BUSINESS OR INDUSTRY CARPENTER

11. BIRTHPLACE (State or foreign country) KANSAS CITY, MO

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME ANDREW CARLSON

13b. MOTHER'S MAIDEN NAME EMMA HONQUIST

14. NAME OF HUSBAND OR WIFE ALMA E. CARLSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 496-03-1051

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. ALMA E. CARLSON-4535 LIBERTY

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) Pontine cerebellar hemorrhage
INTERVAL BETWEEN ONSET AND DEATH _____
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.

20. AUTOPSY? YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 19 50, to Aug. 6, 19 50, that I last saw the deceased alive on Aug. 6, 19 50, and that death occurred at 2:15 A m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns M.D. (Degree or title)

23b. ADDRESS 24th & Cherry

23c. DATE SIGNED 8-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE AUG. 8, 1950

24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK

24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO

DATE REC'D BY LOCAL REG. 8-8-50

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS R. H. Newcomer Sons, K.C., Mo.

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

M. James Russell

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

James S. Davis

Licensed Embalmer No. 4453

P. O. Address St. Louis City

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.