

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27114
Registrar's No. 3275

FILED AUG 21 1950

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3275</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</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 inside corporate limits, write RURAL and give town or township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		3398	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>F. C. Tuberculosis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2307 E. 26th</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Carvie</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Sevier</u>	
4. DATE OF DEATH		(Month) <u>7</u>		(Day) <u>27</u>		(Year) <u>1950</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>separated</u>	8. DATE OF BIRTH <u>April 28, 1919</u>		9. AGE (In years last birthday) <u>31</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) <u>Maids</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry Fountain</u>			13b. MOTHER'S MAIDEN NAME <u>Rose Lee Smith</u>			14. NAME OF HUSBAND OR WIFE <u>SEVIER</u> <u>Eddie Isaac</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>432-38-6345</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eddie Fountain 2542 Woodland</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>				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.				<u>no 2x</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) 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 <u>Aug 16, 1944</u> , to <u>July 27, 1950</u> , that I last saw the deceased alive on <u>July 27, 1950</u> , and that death occurred at <u>1:45</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward P. Altomare, M.D.</u>				23b. ADDRESS <u>K.C. I.B. Hospital</u>		23c. DATE SIGNED <u>7-27-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8/1/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-31-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Bros. 1429 Lydia</u>			

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.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed

J. Jerome Marlowe

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.