

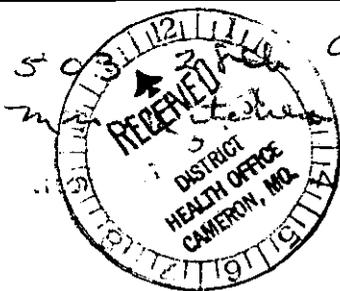
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1951

3013 State File No. 40147

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|--|-------------------------------|---|--|--|
| BIRTH NO. | | REG. DIST. NO. 72 | PRIMARY REG. DIST. NO. 5289 | Registrar's No. 1 |
| 1. PLACE OF DEATH a. COUNTY <u>Clay</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>North 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>209 8</u> OR TOWN <u>Kansas city</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mills Nursing Home</u> | | d. STREET ADDRESS (If rural, give location) <u>218 S. Monroe</u> | | |
| 3. NAME OF DECEASED a. (First) <u>Viola</u> b. (Middle) c. (Last) <u>Carson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 30 1950</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>11-23-1873</u> | 9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>23</u> IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Unknown, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>David Taylor</u> 13b. MOTHER'S MAIDEN NAME <u>Nancy Harriman</u> 14. NAME OF HUSBAND OR WIFE <u>Joseph V. Carson</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (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. E.N. Young 218 S. Monroe</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>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>Generalized Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 or 4 days</u> <u>15 years</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) | | 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>October, 1950, to Dec 30, 1950</u> , that I last saw the deceased alive on <u>Dec 30, 1950</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | | 23b. ADDRESS <u>2025 Swift Dr K.C. Mo</u> | | 23c. DATE SIGNED <u>1/1/51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-2-1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.H. Blackman & Son Inc. K.C., Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>Jan 2 - 51</u> | | REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u> | | 63 |

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 _____

W.C. Rinne

working under my personal supervision.

Student Embalmer No. *409*

Signed

Bert B. Bennett

Signed... *W.C. Rinne*

Student Embalmer

Licensed Embalmer No. *4656*

P. O. Address *Kansas 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.