

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37203**

BIRTH NO. 76-2-27-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4883

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 (to this place) Life  
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital

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) 1119 E. 45th St.

3. NAME OF DECEASED  
a. (First) Baby b. (Middle) Carr c. (Last) Carr

4. DATE OF DEATH (Month) (Day) (Year) 10-14-51

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 10-14-51 9. AGE (In years last birthday) 6 5 6 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Clarence Allen Carr

13b. MOTHER'S MAIDEN NAME Margaret Mary Schmitz

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Clarence Carr ADDRESS 1119 E. 45th.

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Atelectasis - stenosis pulmonary artery  
ANTECEDENT CAUSES Strangulation eczema and many other malformations - 8 mo fetus  
DUE TO (b) —  
DUE TO (c) unknown  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. as above -

INTERVAL BETWEEN ONSET AND DEATH  
15 43

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-14, 1951 to 10-14, 1951, that I last saw the deceased alive on 10-14, 1951, and that death occurred at 11:05 Am., from the causes and on the date stated above.

23a. SIGNATURE Don Carlos Guffey (Degree or title) MD

23b. ADDRESS 717 Pry Rdg.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 24b. DATE 10-15-51

24c. NAME OF CEMETERY OR CREMATORY Research Hospital

24d. LOCATION (City, town, or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. 11-15-51 REGISTRAR'S SIGNATURE Sheraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE Research Hosp. K.C. Mo. ADDRESS

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. ....

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. ....

P. O. Address \_\_\_\_\_

**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.