

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9756**
1427

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

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | c. LENGTH OF STAY (In this place) UNIT | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 548 MAIN ST | | d. STREET ADDRESS (If rural, give location) 548 MAIN 3028 | |

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|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) JAMES CURTIS | b. (Middle) CARR | c. (Last) CARR | (Month) 3 | (Day) 6 | (Year) 1953 |
| 5. SEX M | 6. COLOR OR RACE WH | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE D | 8. DATE OF BIRTH SEPT 27, 1905 | | 9. AGE (In years last birthday) 47 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) SEKARS - ALA. 1 | | 12. CITIZEN OF WHAT COUNTRY USA | |

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| 13a. FATHER'S NAME JOSEPH M CARR | 13b. MOTHER'S MAIDEN NAME LOLA | 14. NAME OF HUSBAND OR WIFE _____ |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 301-01-8471 | 17. INFORMANT'S SIGNATURE OR NAME GENERAL HOSP | ADDRESS KC MO |
|--|--|--|-------------------------|

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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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Lung | | INTERVAL BETWEEN ONSET AND DEATH 163X |
| | 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Amputation from Gen Hosp | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural | 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|--|--|---|
| 23a. SIGNATURE Hugh A Owens | (Degree or title) 3 | 23b. ADDRESS 1034 Peachtree Blvd | 23c. DATE SIGNED 3-9-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 3-12-1953 | 24c. NAME OF CEMETERY OR CREMATORY _____ | 24d. LOCATION (City, town, or county) (State) Montgomery, Alabama |
| DATE REC'D BY LOCAL REG. 3-10-53 | REGISTRAR'S SIGNATURE Sheraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Kassantius Ross | ADDRESS KC MO |

(Licensed Embellisher's Statement on Reverse Side)

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

APR 9 1954

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 J. S. Walton.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2744.....

P. O. Address K. C. 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.