

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24687

State File No. \_\_\_\_\_

FILED AUG 13 1953

3663

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3663</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>					
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North East Osteopathic</u>				e. STREET ADDRESS (If rural, give location) <u>732 Kensington</u>		3178			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>		b. (Middle) <u>-</u>		c. (Last) <u>CARR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 24 53</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>		8. DATE OF BIRTH <u>9/17/79</u>			
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Self</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (City and State or foreign country) <u>Chicago Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Carr</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>		NAME OF HUSBAND OR WIFE <u>CARR</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-12-2608</u>		INFORMANT'S SIGNATURE OR NAME <u>Mrs Pottie Carr</u>		ADDRESS <u>K.C.Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>				DUPLICATE (b) <u>Chronic interstitial nephritis</u>				<u>2 yrs</u>	
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUPLICATE (c) <u>Chronic asthma (allergy)</u>				<u>?</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Chronic asthma (allergy)</u>				DUPLICATE (d) <u>Chronic asthma (allergy)</u>				<u>?</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>June 1, 1951</u> , to <u>July 24, 1953</u> , that I last saw the deceased alive on <u>July 24, 1953</u> , and that death occurred at <u>10:29</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Frank E. Day</u>				23b. ADDRESS <u>4314 89th, K.C.Mo.</u>		23c. DATE SIGNED <u>7-24-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/27/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Pk</u>		24d. LOCATION (City, town, or county) <u>Kansas City</u>			
DATE REC'D BY LOCAL REG. <u>7-25-53</u>		REGISTRAR'S SIGNATURE <u>Sheridene Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sheels R.C.Mo.</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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Richard E. Carroll*.....

Licensed Embalmer No. *4829*.....

P. O. Address *Kemo*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.