

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1557**

FILED JAN 25 1957

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **4239** Registrar's No. **13**

7001
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Lee's Summit		c. LENGTH OF STAY (in this place) 32 yrs.	c. CITY OR TOWN Lee's Summit
d. FULL NAME OF HOSPITAL OR INSTITUTION 500 East Third Street		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) 500 East Third Street 70010	

3. NAME OF DECEASED (Type or Print)	a. (First) Rose	b. (Middle) Anna	c. (Last) Carr	4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 29, 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Albert Jullien	13b. MOTHER'S MAIDEN NAME Rose Perron	14. NAME OF HUSBAND OR WIFE W. H. Carr
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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 W. H. Carr, Lee's Summit, Missouri	ADDRESS Lee's Summit, Missouri
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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, 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) Senility		
	II. OTHER SIGNIFICANT CONDITIONS with dementia		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 304x	20. AUTOPSY? 2 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) (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 **July**, 19**54**, to **January 18, 1957**, that I last saw the deceased alive on **January 18, 1957**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Carr	(Degree or title)	23b. ADDRESS 2320 So Douglas Ln's Summit Mo	23c. DATE SIGNED 1-19-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Jan. 21, 1957	24c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 1-19-1957	REGISTRAR'S SIGNATURE N. B. Langford	25. FUNERAL DIRECTOR'S SIGNATURE Langford Funeral Home, Lee's Summit	ADDRESS MO
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JAN 23 1957

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 *N. B. Langford*
Licensed Embalmer No. *4960*
P. O. Address *Lee's Summit*

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.