

FILED JUN 11 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2604

5. 300
1.-57

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 910 1/2 Charlotte			Length of stay 7 1/2 months		d. STREET ADDRESS 910 1/2 Charlotte		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First James Middle Daniel Last Carney				4. DATE OF DEATH Month May Day 22 Year 1958					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH October 1st, 1957		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months 7 Days 21 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby			10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and state or country) Kansas city Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME James R Carney			13b. MOTHER'S MAIDEN NAME Shirley May Balingan			14. NAME OF HUSBAND OR WIFE none			
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 Address James R Carney 910 1/2 Charlotte				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute peritonitis							INTERVAL BETWEEN ONSET AND DEATH 4-8 hrs.		
DUE TO (b) Perforation of ileum							..		
DUE TO (c) Obstruction + gangrene							..		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Adhesions & sticking result of previous surgery for intestinal obstruction							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 5700						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from October 1 57 to May 1958 and last saw him alive on 5-5-58 Death occurred at 6:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Robert C. Swisher MD (Degree or title)				22b. ADDRESS 425 E 63rd St				22c. DATE SIGNED May 28 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)		
Removed		5-23-58		-			Pittsburg Kansas		
24. FUNERAL DIRECTOR France-Warnell Funeral Home				ADDRESS 5-23-58		25. DATE RECD. BY LOCAL REG. 5-23-58		26. REGISTRAR'S SIGNATURE newa minshell	

Robert C. Swisher USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

KD
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Dec 3, 1954

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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 Russell N. France

Licensed Embalmer No. 4255
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.