

REC'D OCT 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31377
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 3674
 (c) City Kansas City (d) Street No. 1166 E 77th Terrace St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 3 yrs. / mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1166 E 77th Terrace St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry T. Carr
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19, 1862
 7. AGE YEARS 76 MONTHS 8 DAYS 0 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville, Mo.

FATHER 13. NAME Justice Walzard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford County, Virginia

MOTHER 15. MAIDEN NAME Miray and Cloud

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McDonald County, Missouri

17. INFORMANT (ADDRESS) Frank E. Mouse
1166 E 77th Terrace K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Adrian Mo DATE Sept 21, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Creath and Six
Adrian, Missouri

20. FILED 9-20 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1938

22. I HEREBY CERTIFY That I attended deceased from May 1, 1938 to Sept 19, 1938
 I last saw her alive on Sept 18, 1938 Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:

Heart Disease
 Date of onset 97
 Other contributory causes of importance:
hypertension & myocardial degeneration

Name of operation none Date of no
 What test confirmed diagnosis Cholesterol Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) J. H. Hovens, M. D.
 (Address) Kansas City, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

Fred T. Creath

or by

Registered Apprentice No., working under my personal supervision

Signed

Fred T. Creath

Licensed Embalmer No.

3343

P. O. Address

Adrian, 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, above space should be left blank.