

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1240

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town K.C.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3043 S.W. Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kans (b) County Wyandotte  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 619 Center  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME HENRY JAMES CARRAGIE

3. (b) If veteran, name war no (c) Social Security No. 20

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 17 1881  
(Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Clay County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business Restaurant

12. Name John P. Carragie

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah A. Hester

15. Birthplace Clay County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Hester (b) Address 87 So 18th K.C. Mo.

17. (a) Burial (b) Date thereof 3-22-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chenwood Cemetery

18. (a) Signature of funeral director W. T. Egeman

(b) Address K.C. Mo.

19. (a) Mch 20, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ day 3-20-40  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 12:06  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

Hypertensive Cardiovascular

Due to renal disease

Due to \_\_\_\_\_

Other conditions 121  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (Specify cause of injury) 5

23. Signature Walter Hester (M. D. or other) \_\_\_\_\_

Address K.C. Mo. Date signed \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

*Francis Walton*

Registered Apprentice No. *2744*

working under my personal supervision.

Signed *Francis Walton*  
*By J. K. Vignier*

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, above space should be left blank.**