

Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9830
1264
Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
2202 1/2 E 13th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 yrs years, months or days

3. (a) PRINT FULL NAME MATTIE CARSON
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 5. Color or race Col
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 4 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 16
If less than one day _____ hr. _____ min.

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

10. Usual occupation Unknown at Home

11. Industry or business _____
12. Name Unknown
13. Birthplace Unk
14. Maiden name Married James
15. Birthplace Unk

16. (a) Informant Harry Carson
(b) Address 2202 1/2 E 13th

17. (a) Burial (b) Date thereof 3/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Attkins Bros
(b) Address 1729 Lydia

19. (a) Mch 22, 1940 (b) M. M. Browe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2202 1/2 E 13th
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 20
year 1940 hour 10 minute 15 P. M.
21. I hereby certify that I attended the deceased from March 14
1940 to March 20 1940
that I last saw her alive on March 16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 days

Due to Myo carditis
Due to Hypertension
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations none
Of autopsy none
Underline the cause to which death should be charged statistically.

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)
(e) Means of injury _____
23. Signature B. Guigue (M. D. or other)
Address 2202 E 13 Date signed 3/22/40

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Isaac Jerome Maylowe

Licensed Embalmer No.

3994

P. O. Address

1120 E. 23rd

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.