

FILED MAY 16 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13401

State File No.

Registrar's No. 1382

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: K.C. General Hospital No. 1  
(d) Length of stay: In hospital or institution 24 days  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME JOHN CARTNEY

3. (b) If veteran, name war  3. (c) Social Security No. 171-12-5515

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Juanita J. Cartney 6. (c) Age of husband or wife if alive 19 years  
7. Birth date of deceased May 6 1921

8. AGE: Years 19 Months 11 Days 0 If less than one day hr. min.

9. Birthplace New Britain Pa

10. Usual occupation Labourer

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Agnes Train  
15. Birthplace Unknown

16. (a) Informant Mrs. Juanita J. Cartney  
(b) Address 1131 Holmes

17. (a) Buried (b) Date thereof Apr 9-41  
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director A.P. Dohler  
(b) Address 1415 E 15

19. (a) Apr 8, 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 1131 Holmes St.  
(e) Citizen of foreign country? No  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th  
year 1941 hour 4 minutes 35 P. M.

21. I hereby certify that I attended the deceased from March 13th 1941 to April 6th 1941  
that I last saw him alive on April 6th, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Rheumatic heart disease with chronic adhesive pericarditis

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

Other conditions: Acute pulmonary congestion and edema; terminal bronchopneumonia

Major findings: See above

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

23. Signature Emily R. Shaw (M. D. or other) \_\_\_\_\_  
Address Med. Dir. K.C. Gen. Hospital Date signed \_\_\_\_\_

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

8  
3  
8

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

Signed..... *A. P. Doshler*  
Licensed Embalmer No..... *1166*  
P. O. Address..... *1415 E 15*

**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, fact should be so stated above.**