. S. No. 2
I—11-10-39
v. 5-17-39
I X21492

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17181 1843

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

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

**1. PLACE OF DEATH**

(a) County Jackson

(b) City or town Kansas City Mo

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 920 Michigan

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 2 wks 14 days

**2. USUAL RESIDENCE OF DECEASED:** 88

(a) State Mo (b) County Johnson

(c) City or town Chilhowee

(If outside city or town limits write "RURAL")

(d) Street No. Rural

(If rural, give location) 1

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Alma L. Carmichael

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Earl 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May 28 1900 (Month) (Day) (Year)

8. AGE: Years 40 Months 11 Days 13 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Jack Kidd

13. Birthplace Not Known (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Annie Lee Kelly

15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Earl Carmichael

(b) Address Chilhowee, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-11-41 (Month) (Day) (Year)

(c) Place: burial or cremation Holden Mo

18. (a) Signature of funeral director O. K. Cook

(b) Address Chilhowee Mo

19. (a) May 11, 1941 (Date received by local registrar) (b) M. M. Crow (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 11 year 1941 hour 8 a.m. minute M.

21. I hereby certify that I attended the deceased from May 4, 1941, to May 11, 1941, that I last saw her alive on May 8, 1941, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Mitral Regurgitation | |
| Due to: RHD | |
| Due to: Hypertension | |
| Other conditions (Include pregnancy within 3 months of death): RHD | |

Major findings:
Of operations
Of autopsy

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. H. Brown (M. D. or other)

Address 1708 E 12th St Date signed May 11 41

(Licensed Embalmer's Statement on Reverse Side)

JUN 14 1954

## 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**