

FILED FEB 11 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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: 3200 Norledge /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Years (Specify whether
In this community 8 Years years, months or days)

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. 3200 Norledge (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1942 hour 9 minute 20 M.

21. I hereby certify that I attended the deceased from 1-1-42
1942 to 1-20-42 1942
that I last saw him alive on 1-20-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: _____ Duration _____

Due to Arteriosclerosis

Due to 97

Other conditions _____
(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? _____

(Specify type of place) _____
(e) Means of injury _____

23. Signature J. P. Lawrence (M. D. or other) _____

Address 3200 Norledge Date 22-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME

Zack C. Carby

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased Dec. 11 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Railroad Employee

11. Industry or business Union Pacific

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Dr. J. W. Carby

(b) Address 312 Chambers Bldg.

17. (a) Removal (b) Date thereof 1/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Solomon, Kansas

18. (a) Signature of funeral dir. C. H. BLACKMAN & SON, INC.

(b) Address 2825 Indep. Blvd, Kansas City, Mo.

19. (a) 1-23-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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 *B. H. B. Robinson*
Licensed Embalmer No. *2244*
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, fact should be so stated above.