S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1126

Registrar's No. 38

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:
5337 WAYNE /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community About 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 45

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5337 WAYNE 8
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARY CARR

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED /

6. (b) Name of husband or wife ISRAEL CARR

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Not Known
(Month) (Day) (Year)

8. AGE: Years 45 | Months — | Days — | If less than one day ..... hr. ..... min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name JOSEPH HARLOW
13. Birthplace ..... (City, town, or county) RUSSIA (State or foreign country)

MOTHER
14. Maiden name IDA
15. Birthplace ..... (City, town, or county) RUSSIA (State or foreign country)

16. (a) Informant ISRAEL CARR
(b) Address 5337 WAYNE

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 1-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation SOUIX CITY, IOWA

18. (a) Signature of funeral director J. P. LOUIS FUNERAL HOME
(b) Address 3400 WOODLAND, K.C. MO

19. (a) 1-5-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 4
year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 6-10-, 1941, to 1-4-, 1942
that I last saw her alive on 12-10, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Malignancy spine	6-7 mos
Due to	
Due to ~~55B~~	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 55B	
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 0

23. Signature W. Kuhn (M. D. or other)
Address 1103 Grand K.C. Mo. Date signed 1-5-42

(Licensed Embalmer's Statement on Reverse Side)

APR 16 1942

FEB 23 1943

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 Bert Regan

Licensed Embalmer No. 3929

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.