DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16889

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2133

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: 3227 East 9 St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 19 yrs 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. 3227 East 9 St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Wilford Cary

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Laura D Cary

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased June 23 ~~1867~~ 1866 (Month) (Day) (Year)

8. AGE: Years 75 ~~74~~ Months 11 Days 13 If less than one day hr. min.

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

10. Usual occupation Grocerman

11. Industry or business self

12. Name William Cary

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

14. Maiden name Lucy O'Hara

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

16. (a) Informant Laura D Cary

(b) Address 3227 East 9 St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1 1942 (Month) (Day) (Year)

(c) Place: burial or cremation ~~Mt Washington Cem.~~ Forest Hill

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address 918 Brooklyn

19. (a) 6-1-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 5.16.42 year hour minute M.

21. I hereby certify that I attended the deceased from 3:45 P. 19 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Bronchopneumonia

Due to 107

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Yes

Duration

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 Dorothy Bunker (M. D. or other)

Address K. C. Mo. Date signed

361 (Licensed Embalmer's Statement on Reverse Side)

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 Theron R. Redmon

Licensed Embalmer No. 2737

P. O. Address N. C. Mo

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

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

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No.
Local Registrar's No. 2133-42

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 27th day of July, 1943, before me appears Laura D. Cary, who, upon her oath, states that the original record of ~~birth~~ death for Wilford, ~~born~~ died May 26, 1942, in the State of Missouri, and which was filed at KC on 6-1, 1942, should be corrected as follows:

Item No. ~~6~~ should read ~~75~~
Instead of ~~74~~

Item No. 7 should read June 23, 1866
Instead of June 23, 1867

Item No. 8 should read 75 yrs. 3 ~~Day~~ 11 mo.
Instead of 74 " 11 " 3 "

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Laura D. Cary, Wife
Relationship.

1000 Monroe Ave
Present Address.

Subscribed and sworn to before me this 27th day of July, 1943

My Commission expires 5/3/1944 Lura M. Whaler Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

rm V. S. 135
SM-1-15-42
I X31340

S. No. 2B
—8-21-41
I X29288

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SUPPLEMENTARY

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(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. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Wilford Cary

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex

5. Color or race

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 23 (Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 6-1-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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Other conditions
(Include pregnancy within 3 months of death)

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(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (c) Means of injury

23. Signature (M. D. or other)

Address Date signed