

FILED JUN 11 1942  
Registration District No. 3299

Primary Registration District No. 1002

Registrar's No. 2140

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:  
307 Bellefontaine,  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution X  
(Specify whether  
 In this community 50 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. 307 Bellefontaine,  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country X

3. (a) PRINT FULL NAME Mrs. Carrie Elizabeth Garner,  
 3. (b) If veteran, name war X  
 3. (c) Social Security No. X

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 30th  
 year 1942 hour 12:15 minute A. M.

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife J. W. Garner,  
 6. (c) Age of husband or wife if alive dec. years  
 7. Birth date of deceased August 1 1854  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/27 1942 to 5/28 1942  
 that I last saw h. u alive on 5/28 1942  
 and that death occurred on the date and hour stated above.

8. AGE: Years 87 Months 10-28 Days 29  
 If less than one day hr. — min. —

Immediate cause of death Lobar Pneumonia  
 Duration 5 days

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

Due to —  
 Due to Chronic Valvular heart disease  
 Other conditions 108  
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

11. Industry or business Teacher,  
 12. Name Joseph Coates,  
 13. Birthplace Pennsylvania,  
(City, town, or county) (State or foreign country)  
 14. Maiden name Phidelia Park,  
 15. Birthplace New York,  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations —  
 Of autopsy —  
 PHYSICIAN —  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Edith Spencer Music,  
 (b) Address 307 Bellefontaine, K. C., Mo.  
 17. (a) Burial (b) Date thereof 6-1-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Washington Cemetery

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? —

18. (a) Signature of funeral director Stins & McClure,  
 (b) Address 3235 Gillham Plaza, K. C., Mo.  
 19. (a) 6-1-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

While at work — (Specify type of place) (c) Means of injury —  
 23. Signature R. A. Williams (M. D. or other) —  
 Address 5400 St. John Ave Date, signed 6/1/42

Dr. ~~Residing~~ P. A. Williams

530  
54 West 9th St

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address W. C. Mo.

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.