

Registration District No. 149

Primary Registration District No. 1002

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:
1106 E 22nd 2nd Fl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 37 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**
(c) City or town Kansas City, Mo. **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. 1106 E. 22nd 2nd Fl.
(If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lola Carmichael

3. (b) If veteran, name war no
3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced mar /
6. (b) Name of husband or wife Bertram Carmichael
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased May 1 1897
(Month) (Day) (Year)

8. AGE: Years 48 Months 8 Days 30
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {
12. Name John Harlow
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Edith Young
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Bertram Carmichael
(b) Address 1106 East 22nd 2nd Fl.
17. (a) Burial (b) Date thereof 2/5/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Mo.

18. (a) Signature of funeral director Watkins
(b) Address 1729 Lydia Ave.
19. (a) 2-4-46 (b) Staldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
year 1946 hour 7:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from July 1949 to Jan 31, 1946
that I last saw her alive on Jan 31, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 1 1/2 Mo
Due to Chronic Hypertension to heart failure 1 1/2 yrs
Due to Chronic Nephritis 2 + 1/2

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations None **13/15**
Of autopsy None
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) None
(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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Union of K. H. Hwy. R. 6 Date signed Feb 1, 1946

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

4529

OR B.F.O.S.

.I.

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.....

Jerome Manlove

Licensed Embalmer No.

3994

P. O. Address.....

2503 Highland

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.