

S. No. 2
M-543
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9596**
Registrar's No. **1296**

FILED MAR 27 1946
Registration District No. **149**

Primary Registration District No. **1002**

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

8522

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:
3604 Paseo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.** (Specify whether)
In this community **60 years** (years, months or days)

3. (a) PRINT FULL NAME **Mrs. Carrie L. Nordyke**
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **I. B. Nordyke** 6. (c) Age of husband or wife if alive **dec.** years
7. Birth date of deceased **November 21 1870**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 2423 hr. min.

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

10. Usual occupation **at home**

11. Industry or business **X**

MOTHER FATHER { 12. Name **E. S. Carpenter**
13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Lenora Hansbraugh**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward E. Carpenter**
(b) Address **640 W. 52nd St., Kansas City, Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **3-16-46**
(Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Moriah Cemetary**

18. (a) Signature of funeral director **Stine & McClure**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **3-16-46** (Date received local registrar) (b) **Geraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **3604 Paseo** (If rural, give location) **8**
(e) Citizen of foreign country? **no.** (Yes or No) **1**
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **14**
year **1946** hour **7:30** minute **P.** M.
21. I hereby certify that I attended the deceased from **March 12**
1946, to **March 14**, 19**46**
that I last saw her alive on **March 14**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion
Due to **Chronic Myocarditis** ?
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **93 d**
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?

While at work? (Specify type of place) (e) Means of injury **0**
23. Signature **Walter Stine M.D.** (M. D. or other)
Address **306 - E 12** Date signed **3/16/46**

Original Body

Dr. Owen Krueger

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 *J. Clair Supper*
Licensed Embalmer No. *4179*
P. O. Address *K. 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.