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

11944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13068

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1713

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K C (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 511 W 13th (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 10 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 511 W 13th (If rural, give location)

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

If yes, name country .....

48 3 F 0

3. (a) PRINT FULL NAME ELLA MAY CARMICHAEL.

3. (b) If veteran, name war — no

3. (c) Social Security No. none

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Orville

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Oct (Month) 24 (Day) 1901 (Year)

8. AGE: Years 44 Months 5 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation Culver City Kans 1

11. Industry or business .....

FATHER
12. Name Diriel McChandain
13. Birthplace Ken 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ida Bennett
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Orville Carmichael

(b) Address 511 W 13th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Calvary KCK

18. (a) Signature of funeral director SEBBETO'S

(b) Address K-C. Mo

19. (a) 4-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8 year 46 hour 12 minute 15 A M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Ruptured Cerebral Aneurism -

Due to .....

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death) 96

Major findings: Of operations .....

Of autopsy See Above

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? ..... (c) Means of injury .....

23. Signature A. E. Upsher (M. D. or Coroner)

Address 2800 Main Date signed 4/9/46

(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.....Harry C Bergman.....

Licensed Embalmer No.....2044.....

P. O. Address.....KC 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.