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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13069

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1901

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospt. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days (Specify whether

In this community About 25 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 47

(c) City or town K.C. Mo 3 (If outside city or town limits, write "RURAL")

(d) Street No. 1204 Washington St. 8 (If rural, give location)

(e) Citizen of foreign country? Unknown (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lee Carnahan.

3. (b) If veteran, name war ✓ no

3. (c) Social Security No. ✓ none

4. Sex M 0

5. Color or race Wh

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased October 26, 1866 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	5	28	hr. min.

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

10. Usual occupation night clerk at hotel

11. Industry or business

FATHER
12. Name Alexander Carnahan
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Downing
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Oscar W. Wing

(b) Address Alpha Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-26-46 (Month) (Day) (Year)

(c) Place: burial or cremation Alpha Ill

18. (a) Signature of funeral director Carroll-Davidson

(b) Address 3024 Troost K.C.

19. (a) 4-24-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 24th year 1946 hour 12.05 minute 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 Bronchopneumonia

Due to Fracture of Femur

Due to Street Car Trauma

Other conditions Street car & pedestrian (Include pregnancy within 3 months of death)

Major findings: Of operations 171a-8

Of autopsy Inspection & History

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) Accident

(b) Date of occurrence 4/5/46

(c) Where did injury occur? Kansas City Mo (City or town) (County) (State) 123

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

While at work? No (e) Means of injury Trauma

23. Signature A. E. Ussher (M. D. Coroner)

Address 2800 Main Date signed 4/5/46

(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 John W. Laybourne

Licensed Embalmer No. 1715

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.