

No. 2  
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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. 30187  
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3863

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 18 East 32nd Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no.  
In this community since 1897 (Specify whether 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. 18 East 32nd Street,  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Willa R. Carriker  
3. (b) If veteran, name war no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September day 10  
year 1946 hour 1:00 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 Noah J. Carriker  
6. (c) Age of husband or wife if alive dec. years  
7. Birth date of deceased April 21 1861  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 24 1946 to Sept. 10 1946  
that I last saw her alive on Sept. 9 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
85 4 19 hr.          min.

Immediate cause of death Coronary Hemorrhage  
Due to Aortic sclerosis  
Duration 12 days

9. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death)  
830  
Major findings:  
Of operations none  
Of autopsy none

11. Industry or business X  
12. Name Plank  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown,  
15. Birthplace unknown,  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Martin Carriker  
(b) Address Oklahoma City, Oklahoma  
17. (a) Cremation (b) Date thereof 9-12-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Elmwood 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 Stine & McClure  
(b) Address 3235 Pligham Plaza, K. C., Mo.  
19. (a) 9-11-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature J. E. Mos. (M. D. or other) \_\_\_\_\_  
Address 8309 Waldheim Blvd. Date signed 9/14/46

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

MOTHER FATHER

Dr. Stipes, Ja 3320

WALSH  
B L D G

**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 *Clair Shepard*.....

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.**