7. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33475

State File No.

FILED NOV 5 1946

Registration District No. Primary Registration District No. 1002 Registrar's No. 4421

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. VINCENT'S HOSPITAL ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs. 45 min (Specify whether years, months or days)
In this community 3HRS - 45MIN

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. 3319 TRACY
(If rural, give location) 0
(e) Citizen of foreign country? no - (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JUDITH ANN CAREY
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex FEMALE 1
5. Color or race WHITE
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 10 (Month) - 19 (Day) - 1946 (Year)
8. AGE: Years | Months | Days | If less than one day 3 hr. 45 min.
9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation infant
11. Industry or business
MOTHER FATHER
12. Name EDWARD P. CAREY
13. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
14. Maiden name MILDRED B. HACKER
15. Birthplace SAN ANTONIO (City, town, or county) TEXAS (State or foreign country)
16. (a) Informant Edward P. Carey
(b) Address 3319 Tracy
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-46 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary
18. (a) Signature of funeral director Quirk & Gobin
(b) Address 20 W Linwood
19. (a) 10-22-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19 year 1946 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from 10/19/46, 19__, to 10/19/46, 19__; that I last saw him alive on 10/19/46, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis (non epi) Duration 4 hr.
Due to Cerebral hypoxia
Due to Cerebral edema
Due to
Other conditions (Include pregnancy within 3 months of death) 15 wk
Major findings:
Of operations
Of autopsy Encephalitis & hypoxia of fetus

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? (e) Means of injury
23. Signature [illegible] M.D. (M. D. or other)
Address [illegible] Date signed 10/21

(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 Maude Adair

Licensed Embalmer No. 4016

P. O. Address Ixe, 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.