

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33477**
Registrar's No. **4366**

Registration District No. **149** Primary Registration District No. **1002**

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: **Menorah Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days**
In this community **3 days** (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. **8244 Forest**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **James Carr**
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **17**
year **1946** hour **4:00** minute **A.** M.

4. Sex **male** 5. Color or race **white**
6. (a) **Single**, widowed, married, divorced **child**
6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years
7. Birth date of deceased **December 12 1941**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 14**, 19**46**, to **Oct 17**, 19**46**
that I last saw him alive on **Oct 17**, 19**46**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
4 **10** **5** hr. min.

Immediate cause of death **Pellomyelitis, Acute. Bulbar Type.**
Duration **3-5 days**

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

Due to
Due to

10. Usual occupation **infant**

Other conditions (Include pregnancy within 3 months of death)
Major findings: **36**

11. Industry or business **X**

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

12. Name **Harry R. Carr**
13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **L. Vera Carr**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry R. Carr**

(b) Address **8244 Forest, Kansas City, Mo.**
17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **10-19-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **mit. morali**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**
19. (a) **10-18-46** (Date received local registrar) (b) **Geraldine Holmes** (Registrar's signature)

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 place) (e) Means of injury
23. Signature **Geraldine Holmes** (M. D. or other)
Address **628 Prof Bldg 10th** Date signed **Oct-17**

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

Dr. Pakula and Dr. Moss

Prof Building

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.....

Robert H Reed

Licensed Embalmer No. *3745*

P. O. Address *MC 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.