

S. No. 2  
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7-5-17-39  
9-1 X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1006

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 468

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:  
2804 Charlotte  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether)

In this community 82 years  
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. 2804 Charlotte  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William J. CARROLL

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31  
year 1947 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from Jan 1, 1947 to Jan 31, 1947  
that I last saw him alive on Jan 31, 1947  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Pauline Wilde

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

7. Birth date of deceased: January 14, 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>0</u>	<u>17</u>	hr. min.

Immediate cause of death uremic pain Duration \_\_\_\_\_

Due to Quadrantal ulcer

Due to Senility

Other conditions? \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Retired (12 yrs.) Police

11. Industry or business K. C. Police Dept-Retired

MOTHER FATHER {

12. Name Unknown

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Green

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Naomi Nunnick

(b) Address 2804 Charlotte, K. C., Mo.

17. (a) Burial (b) Date thereof 2-3-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Mo.

19. (a) 2-1-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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)

23. Signature H. A. DeMelly (M. D. or other) \_\_\_\_\_

Address 2748 Charlotte Date signed 2/1/47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. Be Helfy  
2748 Charlotte  
No. 299E  
after 1008

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.