

No. 300  
-10-47  
-5-17-39  
-1 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4761  
Registrar's No. 711

FILED MAR 1 1948, 49  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

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: ST. JOSEPH'S HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 WEEKS  
In this community 18 YEARS. (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. 3619 AGNES AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

VERDA LEE CARR

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MR. JOHN H. CARR  
6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased JULY 24 1908  
(Month) (Day) (Year)

8. AGE: Years 39 Months 6 Days 20  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace BENTON COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

12. Name WILLIAM LOPP

13. Birthplace BENTON COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name CORA DAVIS

15. Birthplace BENTON COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Carr

(b) Address 3619 Agnes

17. (a) BURIAL (b) Date thereof FEB-17-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director J. H. Newcomer

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-17-48 (b) Stearline Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 14  
year 1948 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from 10 1940 to 2/14 1948  
that I last saw her alive on 2/14 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Staphylococcus aureus  
Due to \_\_\_\_\_  
Duration 1940

Due to \_\_\_\_\_  
Other conditions 448  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Staphylococcus aureus  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury 0  
Signature Stearline Holmes (M. D. or other) \_\_\_\_\_  
Address 1103 grand Date signed 2/17/48

101 Professional 12/27  
3:30

**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 Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.**