

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

29690

Registrar's No. 3643

FILED SEP 13 1948

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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: Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
(Specify whether
In this community Life
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. 1001 Locust Street
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Claude ^{A.} Carlat

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mrs. Blanche Carlat 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased March 21 1866
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 14 If less than one day hr. min.

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

10. Usual occupation Retired Shoe Merchand

11. Industry or business k X

12. Name Eugene Carlat

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

14. Maiden name Catherine Henemann

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

16. (a) Informant Mrs. Ann Carlat Sheley

(b) Address 1001 Locust St., Kansas City, Mo.

17. (a) Burial (b) Date thereof 9-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

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

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-7-48 Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 5
year 1948 hour 4:39 minute 0 M.

21. I hereby certify that I attended the deceased from 1948 to 1948;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic bronchitis pneumonia
preceded by ceph + subdural
hemorrhage + encephalo-
Due to Malacia
auto + pedestrian

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 1700
Of autopsy yes - as above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Aug 26 - 1948
(c) Where did injury occur? at K.C. Jackson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
While at work? no (Specify type of place) (e) Means of injury auto train
13. Signature Jimmie Walker (M. D. or other) Carlat
Address 1924 prof. St. J.C. Date signed 9-6-48

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

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

Max E. Meyer

Licensed Embalmer No.

4555

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.