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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 14 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36433  
Registrar's No. 4901

Registration District No. 149

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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days (Specify whether  
In this community 33 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1208 Winchester 8  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hilda Marie CARNEY

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 Albert J. Carney 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased May 21, 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 6 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER { 12. Name Michael Freibott 4  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Barbara  
15. Birthplace Holland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Albert J. Carney

(b) Address 1208 Winchester Ave., K.C., Mo.

17. (a) Burial (b) Date thereof 12-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address Kansas City, Missouri

19. (a) 12-1-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29  
year 1948 hour 12 minute 25 P. M.

21. I hereby certify that I attended the deceased from Nov. 23, 1948, to Nov. 29, 1948; that I last saw her alive on Nov. 29, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral arteriosclerosis with cerebral artery thrombosis and encephalomalacia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
838

Major findings: Of operations See above  
Of autopsy \_\_\_\_\_

Duration  
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?

Wm. W. Hart (Specify type of place) 0  
While at work? (c) Means of injury \_\_\_\_\_

23. Signature Wm. W. Hart (M. D. or other) End  
Address Med. Dir. Gen'l Hosp. Date signed 11-30-48

*Dr. Power*

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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.**