

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37164

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4930

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 1</u>		c. LENGTH OF STAY (In this place) <u>20 YRS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME 2642 Euclid</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY, MISSOURI 3</u>	
		d. STREET ADDRESS (If rural, give location) <u>2642 Euclid 39 8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MILDRED</u> b. (Middle) <u>THOMPSON</u> c. (Last) <u>CARR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-17-49</u>		
5. SEX <u>FE 3</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	
8. DATE OF BIRTH <u>MAY. 30-1903</u>		9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months Days <u>5 11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BEAUTICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>HOT SPRINGS, ARK 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>GREEN</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>CLIFTON CARR</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>DONT KNOW</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dwendolyn Craig</u> ADDRESS <u>2642 Euclid</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infectious Mononucleosis</u>			<u>3 yrs</u>
		ANTECEDENT CAUSES			
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes</u>			<u>443X</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1-10-1949, to May 1944, that I last saw the deceased alive on July 17, 1944, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Arthur Hibbler 11</u> (Degree or title)		23b. ADDRESS <u>2434 Vine</u>		23c. DATE SIGNED <u>11-18-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>LINCOLN</u>	
				24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO</u>	

DATE REC'D BY LOCAL REG. <u>11-21-49</u>		REGISTRAR'S SIGNATURE <u>Staldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blument Green Street</u> ADDRESS <u>10 E 11th</u>	
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WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Signed W. G. Flynn.....

Signed.....

Student Embalmer

Licensed Embalmer No. 4383.....

P. O. Address 1819 E. 15.....

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.