

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8555**
846

BIRTH NO. _____ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 6 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2602 Holmes		d. STREET ADDRESS (If rural, give location) 2602 Holmes	

3438

3. NAME OF DECEASED (Type or Print) Bendrick			a. (First)			b. (Middle)			c. (Last) Carlson			4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1950				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 9, 1877			9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR Months		11. IF UNDER 12 HRS. Hours		12. IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Illinois				12. CITIZEN OF WHAT COUNTRY? U.S.A.				

13a. FATHER'S NAME Olaf Carlson			13b. MOTHER'S MAIDEN NAME Olivia			14. NAME OF HUSBAND OR WIFE Mrs. Daisy Carlson		
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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) No		16. SOCIAL SECURITY NO. 560-16-5329		17. INFORMANT'S SIGNATURE OR NAME Mrs. Daisy Carlson, 2602 Holmes		ADDRESS	
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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	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio-sclerotic heart disease							
		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. Quintessence Heart trouble							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. 4200						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Edith H. Owens (Degree or title)		23b. ADDRESS 1034 Parkside Blvd		23c. DATE SIGNED 2-24-50	
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24a. BURIAL, CREMATION, REMOVAL, OR REMOVAL removal		24b. DATE 2-24-50		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
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DATE REC'D BY LOCAL REG. 2-24-50		REGISTRAR'S SIGNATURE Steraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary, Kansas City, Missouri		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed Walter H. Erwin

Licensed Embalmer No. 4352

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.