

FILED AUG 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 22788

BIRTH NO. 26048-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 877

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 2 mos.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117
d. FULL NAME OF HOSPITAL OR INSTITUTION M. Methodist Hosp.			d. STREET ADDRESS (If rural, give location) 1819 Messanie St.		

3. NAME OF DECEASED a. (First) Retha (Type or Print)			b. (Middle) Alene		c. (Last) Carriger	4. DATE OF DEATH (Month) (Day) (Year) 7 29 1950		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 5 29 1950		9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Joseph Mo. D		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME David H. Carriger, Sr.		13b. MOTHER'S MAIDEN NAME Mary Leonard		14. NAME OF HUSBAND OR WIFE	
--	--	---	--	-----------------------------	--

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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS David H. Carriger 1819 Messanie			
---	---------------------------------	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchial Pneumonia	ANTECEDENT CAUSES					1 day
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)					
	DUE TO (c) Baby took sick about 10 hrs. July 28th. and died about 12 hours later, before a diagnosis was made					491X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION She died on arrival at the hospital					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?				

22. I hereby certify that I attended the deceased from on 7/29 1950, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:00A m., from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy, M.D., Coronary		(Degree or title)		23b. ADDRESS St. Joseph Mo		23c. DATE SIGNED 7/29/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-31-1950	24c. NAME OF CEMETERY OR CREMATORY Aehlund Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Mo.			

DATE REC'D BY LOCAL REG. Aug. 5, 1950	REGISTRAR'S SIGNATURE E. C. Jenkins		392	25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Alexander, St. Joseph, Mo.		ADDRESS	
--	--	--	-----	---	--	---------	--

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

*Wm. H. Alexander*

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.