

FILED JUN 30 1951

STANDARD CERTIFICATE OF DEATH

20082

State File No. _____
Registrar's No. 2652

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY

c. LENGTH OF STAY (In this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GENERAL HOSPITAL #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE MISSOURI

b. COUNTY JACKSON

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY

d. STREET ADDRESS (If rural, give location) 2001 East 24th Terrace

398
330

3. NAME OF DECEASED

a. (First) JOHN

b. (Middle) _____

c. (Last) CARROLL

4. DATE OF DEATH (Month) (Day) (Year)
JUNE 15 1951

5. SEX MALE 2

6. COLOR OR RACE NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2

8. DATE OF BIRTH October 10 1892

9. AGE (In years last birthday) 58

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER

11. BIRTHPLACE (State or foreign country) Cole County, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME NOT KNOWN

13b. MOTHER'S MAIDEN NAME NOT KNOWN

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ELRENEA POLK

ADDRESS 1628 Park Avenue

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) CEREBRAL HEMORRHAGE WITH RIGHT HEMIPLEGIA

ANTECEDENT CAUSES

DUE TO (b) ARTERIOSCLEROTIC & HYPERTENSIVE VASCULAR DISEASE

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS CENTRAL NERVOUS SYSTEM SYPHILIS

INTERVAL BETWEEN ONSET AND DEATH

02hr

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 6-9-51, **to** 6-15-51, **that I last saw the deceased alive on** 6-15-51, **and that death occurred at** 1:25 A. M., **from the causes and on the date stated above.**

23a. SIGNATURE E. Frank Ellis MD (Degree or title)

23b. ADDRESS 600 East 22nd Street

23c. DATE SIGNED 6-18-51

24a. BURIAL, CREMATION, REMOVAL June 23-51 Woodlawn

24b. DATE _____

24c. NAME OF CEMETERY OR CREMATORY Kansas City Kansas

24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. 6-22-51

REGISTRAR'S SIGNATURE Maldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE Swaham Burr

ADDRESS 2304 Vine St

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

B L Graham

Signed.....
Student Embalmer

Licensed Embalmer No. *2549*

P. O. Address *2304 Kent*

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.