

STANDARD CERTIFICATE OF DEATH

State File No. **1186**

FILED FEB 9 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 351

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 1 MONTH	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 8150	d. STREET ADDRESS (If rural, give location) 5750 OAKWOOD ROAD
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) FRANCIS	b. (Middle) ABBOT	c. (Last) CARMICHAEL, JR	(Month) JANUARY	(Day) 21	(Year) 1952

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT-28-1871	9. AGE (In years last birthday) 80	<input type="checkbox"/> UNDER 1 YEAR Months _____ Days _____	<input type="checkbox"/> UNDER 1 HR. Hours _____ Min. _____
--------------------	-------------------------------	---	-------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHYSICIAN - M.D.	10b. KIND OF BUSINESS OR INDUSTRY PLACETIME BLDG.	11. BIRTHPLACE (State or foreign country) BELVIDERE, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	--

13a. FATHER'S NAME JAMES CARMICHAEL	13b. MOTHER'S MAIDEN NAME MARTHA DEMPSEY	14. NAME OF HUSBAND OR WIFE ROSEMARY CARMICHAEL
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR I	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME FRANCIS ABBOT CARMICHAEL, JR. ADDRESS 5750 OAKWOOD RD. KANSAS CITY MO
--	-------------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days 5 years? 492h
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Semi-diabetic DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2 of lower motor neuronitis with 230 hernia		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
------------------------	----------------------------------	--

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) (m.)	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 11-26, 1951, to Jan 20, 1952, that I last saw the deceased alive on Jan 21, 1952, and that death occurred at 7:10 a. m., from the causes and on the date stated above.

23a. SIGNATURE B. Landis Elliott M.D. (Degree or title)	23b. ADDRESS -1418 Prof. Bldg. K.C. Mo	23c. DATE SIGNED 1-21-52
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE JAN-23-1952	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
--	------------------------------	--	---

DATE REC'D BY LOCAL REG. 1-23-52	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
---	--	---

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 29 1952

No 6234

Agostiniani

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

Edward M. Stoney

Signed.....

Student Embalmer

Licensed Embalmer No. 4452

P. O. Address K.C. 4 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.