

FILED JUN 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16357**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2438**

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) 30 yrs		3078	
d. FULL NAME OF HOSPITAL OR INSTITUTION 126 N. BRIGHTON		d. STREET ADDRESS (If rural, give location) 126 N² BRIGHTON	

3. NAME OF DECEASED a. (First) LYNN b. (Middle) KENTON c. (Last) CARNAHAN			4. DATE OF DEATH (Month) (Day) (Year) May-27-1952		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 8-1892	9. AGE (In years last birthday) 65-59	10. UNDER 1 YEAR Months - Days	11. UNDER 100 HRS Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRUGIST	10b. KIND OF BUSINESS OR INDUSTRY BEANIE'S DRUG	11. BIRTHPLACE (State or foreign country) KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John CARNAHAN	13b. MOTHER'S MAIDEN NAME ELEANOR WYLE	14. NAME OF HUSBAND OR WIFE HELEN CARNAHAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 495-05-6307	17. INFORMANT'S SIGNATURE OR NAME HELEN CARNAHAN	ADDRESS 126 N² BRIGHTON
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 **April 19 1952**, to **May 27, 1952**, that I last saw the deceased alive on **May 27, 1952**, and that death occurred at **8:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Jesse D. Ris	(Degree or title)	23b. ADDRESS 1103 Grand 10Ems	23c. DATE SIGNED 5-28-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY-29-1952	24c. NAME OF CEMETERY OR CREMATORY BALDWIN CITY CEM.	24d. LOCATION (City, town, or county) (State) BALDWIN CITY, KANSAS
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DATE REC'D BY LOCAL REG. 5-29-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE C.N. Blackman & Son Inc. J.C. Mc	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.....

W.C. Quinn

Licensed Embalmer No. *4879*

P. O. Address *K.C. 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.