

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27127
Registrar's No. 3188

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

| | | | |
|---|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <i>Jackson</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i> | |
| b. CITY OR TOWN <i>Kansas city mo</i> | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <i>Kansas city mo</i> | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>820 E 77th St (in Rear) 91</i> | | e. STREET ADDRESS (If rural, give location) <i>820 E 77th St Lin Rea 91</i> | |
| 3. NAME OF DECEASED a. (First) <i>Mr Clarence</i> b. (Middle) <i>Carter</i> c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <i>July 3 1954</i> | |
| 5. SEX <i>male</i> | 6. COLOR OR RACE <i>white</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>- 9</i> | 8. DATE OF BIRTH <i>- 9 60</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Construction</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>add jobs</i> | 11. BIRTHPLACE (City and State or Foreign Country) <i>- 9</i> |
| 12. CITIZEN OF WHAT COUNTRY? <i>-</i> | | 13a. FATHER'S NAME <i>-</i> | 13b. MOTHER'S MAIDEN NAME <i>-</i> |
| 14. NAME OF HUSBAND OR WIFE <i>-</i> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>-</i> | |
| 16. SOCIAL SECURITY NO. <i>338-16-9716</i> | | 17. INFORMANT'S SIGNATURE OR NAME <i>Wornall Funeral Home N.C. Mo</i> ADDRESS <i>-</i> | |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>cause of heart subnorm</i> | | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) _____ | | 7955 |
| 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"/> |
| 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 _____, 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 <i>Geo. C. Kealhofer</i> (Degree or title) <i>3</i> | | 23b. ADDRESS <i>4030 Resolway Road</i> | 23c. DATE SIGNED <i>7-4-54</i> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | 24b. DATE <i>July 9 1954</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary</i> | 24d. LOCATION (City, town, or county) (State) <i>Kansas city Kansas</i> |
| DATE REC'D BY LOCAL REG. <i>7-9-54</i> | REGISTRAR'S SIGNATURE <i>Geraldine Smith</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>France-Wornall Funeral Home</i> ADDRESS <i>REMO</i> | |

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.....
Signature of Student Embalmer

Signed *Russell N. Fran*.....

Licensed Embalmer No. *42*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.