

Carr, Gary Joseph 1947 - 1947

| OHIO DEPARTMENT OF HEALTH COLUMBUS CERTIFICATE OF DEATH | | 80545 State File No. |
|--|--|--|
| Reg. Dist. No. <u>1225</u> Primary Reg. Dist. No. <u>8495</u> | | Registrar's No. <u>160</u> |
| I. PLACE OF DEATH: | | 2. USUAL RESIDENCE OF DECEASED: |
| (a) County <u>Summit</u> | | (a) State <u>Ohio</u> (b) County <u>Summit</u> |
| (b) <u>Cuyahoga Falls</u> (City, Village, Township) | | (c) City or village <u>Cuyahoga Falls</u> (If outside city or village, write RURAL) |
| (c) Name of hospital or institution: <u>2817 Front St.</u> (If not in hospital or institution, write street No. or location) | | (d) Street No. <u>2817 Front St.</u> (If rural, give location) |
| (d) Length of stay: in hospital or institution In this community <u>4 1/2 days</u> (Days) (Years, months or days) | | (e) If foreign born, how long in U. S. A.? _____ years. |
| FULL NAME <u>Gary Joseph Carr</u> | | MEDICAL CERTIFICATION |
| (a) If veteran, name war _____ (b) Social Security No. _____ | | 20. Date of death: Month <u>December</u> day <u>25</u> year <u>1947</u> hour <u>4</u> minute <u>PM</u> |
| 4. Sex <u>M</u> | 5. Color or race <u>W</u> | 21. I hereby certify that I attended the deceased from _____, 19____, to <u>Dec 23</u> , 19 <u>47</u> and that death occurred on the date and hour stated above. |
| 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years | 6. (a) Single, widowed, married, divorced <u>widow</u> | Immediate cause of death <u>Asphyxiation</u> |
| 7. Birth date of deceased <u>November 12, 1947</u> (Month) (Day) (Year) | | Due to <u>Asphyxiation</u> |
| 8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min. | | Due to _____ 19 <u>20</u> |
| 9. Birthplace <u>Akron, Ohio</u> (City, town, or county) (State or foreign country) | | Other conditions (Include pregnancy within 3 months of death) |
| 10. Usual occupation <u>None</u> | | Major findings of operation |
| 11. Industry or business _____ | | Major findings of autopsy |
| 12. Name <u>Harold Carr</u> | | Underline the cause to which death should be attributed statistically. |
| 13. Birthplace <u>Hendricks W. Va.</u> (City, town, or county) (State or foreign country) | | |
| 14. Maiden name <u>Mary Wagner</u> | | |
| 15. Birthplace <u>Akron, Ohio</u> (City, town, or county) (State or foreign country) | | |
| 16. (a) Informant's signature <u>Harold Carr</u> | | |
| (b) Address <u>2817 Front St.</u> | | |
| 17. (a) Burial, cremation, or other; (b) Date <u>Dec 26, 1947</u> (Month) (Day) (Year) | | 22. If death was due to external causes, fill in the following: |
| (c) Place <u>Cakwood</u> | | (a) Accident, suicide, or homicide (specify) <u>accident</u> |
| (d) <u>W. H. Reid 4405-a</u> (Name of Undertaker) (Lic. No.) | | (b) Date of occurrence <u>December 23-1947</u> |
| 18. (a) <u>W. H. Reid 3007</u> (Signature of Funeral Director) (Lic. No.) | | (c) Where did injury occur? <u>Cuyahoga Falls Ohio</u> (City or Village) (County) (State) |
| (b) Address <u>Cuyahoga Falls</u> | | (d) Did injury occur in or about home, on farm, in industrial place, in public place? <u>Home</u> (Specify type of place) |
| 19. (a) <u>Dec 26 47</u> (b) <u>Not Bolich</u> (Date received local registrar) (Registrar's signature) | | (e) How did injury occur? <u>Asphyxiation</u> |
| | | 23. Signature <u>H. W. Adams Taylor</u> (Specify if Doctor of Medicine or Osteopathy) Address <u>508 Market</u> Date signed <u>12/24/47</u> <u>Asst Coroner</u> |