

REC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1427

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 3. Registration District No. 399
 (b) Township New 1 Primary Registration District No. 100
 (c) City Kansas City, MO (d) Street No. St. Anthony's Home Registered No. 11
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

INFANT Oliphant
 (a) Residence, No. St. Anthony's Home St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26 - 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Stillborn

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

FATHER
 13. NAME unborn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unborn

MOTHER
 15. MAIDEN NAME JUNE OLIPHANT
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Missouri

17. INFORMANT Sister Ambrose
 (ADDRESS) St. Anthony's Home

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. St. Mary's DATE Jan 26 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wagner Funeral Home
304 West Linwood

20. FILED 1/26 1939 W. H. Orsme
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/24/39 19 to 1/26/39 19.

I last saw him alive on stillborn 19. Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Stillborn, abruptio placentae Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....

(Signed) J. H. Orsme M. D.
 (Address) 1925 - Maple

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

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.