

1-13-40  
17-39  
X23159

FILED MAR 14 1941

State File No. ....

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 648

1. PLACE OF DEATH:

(a) County Jacks on  
Kansas City  
(b) City or town  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Baby Mouse

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased January 26th 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
6 hr. 48 min.

9. Birthplace Kansas City Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business .....

12. Name Herschel Howard Mouse

13. Birthplace Alton Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Hutchinson

15. Birthplace Melvery Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address Research Hospital

17. (a) Cremation (b) Date thereof Feb. 27, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Research Hospital

18. (a) Signature of funeral director .....

(b) Address Feb. 13, 1941

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
Kansas City  
(c) City or town  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1106 Norton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? ..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26th  
year 1941 hour 8 minute 47 A. M.

21. I hereby certify that I attended the deceased from  
Jan. 26th, 1941, to Jan. 26th, 1941,  
that I last saw him alive on Jan. 26th, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Hydrocephalus

Due to .....  
Due to .....

Other conditions Hemorrhage  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?.....  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
While at work?..... (e) Means of injury.....  
23. Signature D. D. Edmonds (M. D. or other).....  
Address 4800 E. 24th Street Date signed.....

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

MOTHER FATHER

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**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, fact should be so stated above.**

at the time being we seem to have misplaced  
the original death certificate on this child  
so am enclosing the duplicate copy until we  
locate it.

