

FILED MAY 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13543

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1524

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1401 1/2 Bennington
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sousley infant Faith

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
year 1941 hour 9:00 A.M. minute _____ M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Infant

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

7. Birth date of deceased April 15, 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-15-41 to 4-15-41, 19____, that I last saw her alive on 4-15-41, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day 2 hr. min.

Immediate cause of death Prematurity and Intracranial hemorrhage

Due to _____

Due to _____

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

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Carl Sousley

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

14. Maiden name Faith Thompson

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

16. (a) Informant Mrs. Della Sousley

(b) Address 1642 Crystal

17. (a) Burial (b) Date thereof April 16, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
Green Lawn Cem.

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Rose & Henderson

(b) Address _____

19. (a) April 16, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy See above

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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Dr. K. C. Gen. Hospital (M. D. or other) _____
Address Med. Dir. K. C. Gen. Hospital Date signed _____

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

MOTHER FATHER

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 *G. P. Anderson*

Licensed Embalmer No. *3657*

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.