V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32679

State File No. 3996

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days, 8 hr. 24 min. (Specify whether
In this community 2 days 8 hr 24 min.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83
(c) City or town Parkville 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Baby Boy Dallinger

3. (b) If veteran, name war no
3. (c) Social Security No. none.

4. Sex Male
5. Color or race W
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 October (Month) 14 (Day) 1942 (Year)

8. AGE: Years | Months | Days 2 | If less than one day 8 hr. 24 min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation inf
11. Industry or business

FATHER
12. Name Carl Arthur Dallinger
13. Birthplace Atlantic (City, town, or county) Iowa (State or foreign country) /

MOTHER
14. Maiden name Mary Louise Snow
15. Birthplace Cheyene (City, town, or county) Wyoming (State or foreign country) /

16. (a) Informant Carl Dallinger
(b) Address Parkville, Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Research Hospital
18. (a) Signature of funeral director " "
(b) Address K. C. Mo.
19. (a) 10/29/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1942 hour 9:20 PM minute M.

21. I hereby certify that I attended the deceased from 10/14, 1942 to 10/16, 1942
that I last saw him alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Prematurity
Due to Congenital Deformity
Due to 159
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy w. nerved congenital malformation

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 [signature] (M. D. or other) MD
Address No. Kan City Mo. Date signed 10/29/42

(Licensed Embalmer's Statement on Reverse Side)

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.