

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36139

State File No. ....

FILED NOV 19 1942

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4120

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:  
General Hospital No. 02  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10-30-42 2 hrs. & 35 min.  
(Specify whether 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. 912 Garfield  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME INFANT CARMICHAEL  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month October day 30  
 year 1942 hour 1 minute 50 p.m.  
 21. I hereby certify that I attended the deceased from 11:15 a.m. to 1:50 p.m.  
 that I last saw her alive on October 30, 1942  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced inf.  
 6. (b) Name of husband or wife.....  
 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased October 30 1942  
(Month) (Day) (Year)

Immediate cause of death Prematurity and Exposure  
 (Infant brought into hospital from home by ambulance)

8. AGE: Years Months Days If less than one day  
2 hr. 35 min.

Due to.....  
 Due to.....  
 Other conditions.....  
(Include pregnancy within 3 months of death)

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

10. Usual occupation inf.

11. Industry or business.....

12. Name Mackie Carmichael

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

14. Maiden name Annie

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

16. (a) Informant Record Clerk  
 (b) Address General Hospital No. 2

17. (a) bur (b) Date thereof.....  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation.....

18. (a) Signature of funeral director Wm. A. Thompson  
 (b) Address City  
 19. (a) 11-6-42 (b) J. M. Crowe  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
 Major findings:  
 Of operations.....  
 Of autopsy.....  
 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) (Means of injury)

23. Signature J. M. Crowe (M. D. or other)  
 Address Gen. Hosp. #2-60022 Date signed 11-5-42

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

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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.**