

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4207

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours
In this community 6 hours (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3101 East 51st Street
(If rural, give location) No
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Baby Boy WALKUP

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

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 November 10th, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-0- -0- -0- 6 hr. 20 min.

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

10. Usual occupation Infant

11. Industry or business.....

12. Name Frank Walkup

13. Birthplace St. Charles, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Huffman

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

16. (a) Informant Frank Walkup, (Father)

(b) Address 3101 East 51st St., K.C. Mo.

17. (a) Removal (b) Date thereof 11/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Kansas

18. (a) Signature of funeral director Melody-McGilley.

(b) Address 2 K.C. Mo.

19. (a) 11-11-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month November Day 10th
Year 1942 hour 7:50 minute am M.

21. I hereby certify that I attended the deceased from 11/10/42
3:30 a.m. 1942 to 11/10/42, 1942;
that I last saw him alive on 11/10/42, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (7 Months)

Due to 159

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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)

(e) Means of injury.....

22. Signature H. M. Kelley (M. D. or other).....

Address 1624 Park Blvd Date signed.....

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

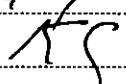
Signed.....



Licensed Embalmer No.....

2999

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.