

LED MAR 20 1943

Registration District No.

Primary Registration District No.

Registrar's No. 1459

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: Lakeside Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cass
(c) City or town Raymore, rural
(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 Kathryne Joan Conkin
3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 8
year 1943 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from March 6
1943 to March 8 1943
that I last saw her alive on March 7 1943
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race W
6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased March 6, 1943
(Month) (Day) (Year)

Immediate cause of death asphyxia
Due to prematurity
lack of viability
Other conditions toxemia of mother
(Include pregnancy within 3 months of death)

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

9. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation infant

Major findings: Of operations none
Of autopsy none
PHYSICIAN SA
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name Jack Conkin
13. Birthplace Eldora Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Alleta Harris
15. Birthplace Raymore Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Alleta Harris
(b) Address Belton, Mo. R. R. 2
17. (a) burial (b) Date thereof 3-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Raymore, Mo. Cem.
18. (a) Signature of funeral director E. K. George & Sons
(b) Address Belton, Mo.
19. (a) 3-8-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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) (Specify type of injury)
23. Signature Charles A. Schwartz, Jr. M. D. or other? Do.
Address 1102 E 47th St, Mo. Date signed 3-12-43

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.....

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.