

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

20689

Registrar's No.

2953

Primary Registration District No.

1002

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

FILED

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:
2201 Flora /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hrs. (Specify whether
In this community 6 hrs. 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. 2201 Flora (If rural, give location)
(e) Citizen of foreign country? No (Yes/for No)
If yes, name country _____

3. (a) PRINT FULL NAME Gladys Wright - Infant

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

4. Sex Female 5. Color or race Negro 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 June 26 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 6 hr. min.

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

10. Usual occupation infant

11. Industry or business _____

MOTHER { 12. Name Emmitt Wright

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

14. Maiden name Florence Chapman

15. Birthplace Don't know Oklahoma (City, town, or county) (State or foreign country)

16. (a) Informant Vivian Davis

(b) Address 2201 Flora

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-43 (Month) (Day) (Year)

(c) Place: burial or cremation Episcopal Church

18. (a) Signature of funeral director W. E. Appleton

(b) Address 1905 Vinland

19. (a) 7-2-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1943 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from June 26 to July 1, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death abortion

Due to Failure of the lungs to expand
Due to Premature birth

Other conditions (Include pregnancy within 3 months of death) 1610

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. O. Miller (M. D. or other) July 1, 43
Address 1203 Base Date signed _____

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.