

V. S. No. 2
 OM-9-4-41
 Rev. 5-17-39
 91 X29484

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **27233**
3872
 Registrar's No.

SEP 7

Registration District No. **149**

Primary Registration District No. **1002**

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: St. Mary's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 da
 (Specify whether
 In this community —
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kansas (b) County Wyandotte
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route 2, Box 73
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country —

3. (a) PRINT FULL NAME Philip Neil Bain
 3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced N.P.
 6. (b) Name of husband or wife — 6. (c) Age of husband or wife if
 all — years
 7. Birth date of deceased 8 - 18 - 43
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 10 hr. 47 min.

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

10. Usual occupation Infant N.P.

11. Industry or business —

MOTHER FATHER

12. Name Paul Edward Bain
 13. Birthplace Liberal Kansas
 (City, town, or county) (State or foreign country)
 14. Maiden name Louise Ethel Schmidt
 15. Birthplace Herrington Kansas
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Paul Bain
 (b) Address R. 2, Box 43, K. C. Mo.

17. (a) Burial (b) Date thereof 8/24/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem

18. (a) Signature of funeral director Thomson & Home
 (b) Address K.C.

19. (a) 8-25-43 (b) T. E. Braun
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day twenty third
 year 1943 hour 2:30 minute a. M.
 21. I hereby certify that I attended the deceased from 8-18-43
 to 8-23, 1943
 that I last saw h. i. a. alive on 8-22, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
 Due to Pneumonia (2 mos)
 Due to 159
 Other conditions (Include pregnancy within 3 months of death)

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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?

23. Signature G. P. Neigher (M. D. or other)
 Address 3119 Strong Ave K.C. While at work? (Specify type of place) (c) Means of injury
 Date signed 8/23/43

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

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.