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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1944

Registration District No. 119

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20943

Primary Registration District No. 1002

Registrar's No. 2472

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: EASTSIDE HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day 12 hrs. (Specify whether

In this community 1 day 12 hrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JACKSON 47

(c) City or town K.C. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2620 ELMWOOD 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ✓ 0

3. (a) PRINT FULL NAME INFANT CHARLES. W. WILKINS JR. ✓

3. (b) If veteran, name war ✓ no

3. (c) Social Security No. None

4. Sex M 0

5. Color or race W

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 JUNE (Month) 1 (Day) 1944 (Year)

8. AGE: Years ✓ Months ✓ Days 1 If less than one day 12 hrs. min.

9. Birthplace K.C. MO (City, town, or county) 0 (State or foreign country)

10. Usual occupation ✓ infant

11. Industry or business ✓

FATHER
12. Name CHARLES W. WILKINS
13. Birthplace JACKSONVILLE (City, town, or county) FLA. 1 (State or foreign country)

MOTHER
14. Maiden name CATHERINE V. FORTIN
15. Birthplace K.C. JACKSON (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant Wilbur Wilkins

(b) Address 2620 Elmwood

17. (a) Burial (Burial, cremation, or removal) (b) Date the June 4 44 (Month) (Day) (Year)

(c) Place: burial or cremation Parkville Mo

18. (a) Signature of funeral director L. H. Francis

(b) Address Parkville Mo

19. (a) 6-10 44 (Date received local registrar) (b) T. E. Brown (VZ) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 2
year 1944 hour 9.15 minute P. M.

21. I hereby certify that I attended the deceased from JUNE 1, 1944, to JUNE 2, 1944, that I last saw him alive on JUNE 2, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death INTRA-CRANIAL HEMORRHAGE	
ICTERUS NEONATORUM	
Due to Breech Delivery	
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	

Major findings:
Of operations none

Of autopsy ✓

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) NO

(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)

While at work? ✓ (e) Means of injury ✓

23. Signature John E. Cavanaugh Jr. (M. D. or other) 0

Address 4911 E-27th St Date signed 6/3/44

361 (Licensed Embalmer's Statement on Reverse Side)

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 Mu

....., Registered Apprentice No.....

working under my personal supervision.

Signed L. H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.