

Registration District No. **NOV 4 1945** 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: **Trinity Lutheran Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **26 hrs 2 min**
(Specify whether
In this community **26 hrs 2 min**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **19**
(c) City or town **Pleasant Hill** (If outside city or town limits, write "RURAL") **23**
(d) Street No. **0** (If rural, give location) **1**
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

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

4. Sex **MALE** 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 **November 10, 1945**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day **26 hr 2 min**

9. Birthplace **KANSAS CITY, MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **Newborn**

11. Industry or business

MOTHER FATHER { 12. Name **Herschell O. Periman**
13. Birthplace **Monett, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **MARIA VIRGINIA ORTEZ**
15. Birthplace **JAUOCAO, PORTA RICA**
(City, town, or county) (State or foreign country)

16. (a) Informant **Father**

(b) Address **Pleasant Hill Mo**

17. (a) **Removal** (b) Date thereof **11-11-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hill Mo**

18. (a) Signature of funeral director **Allen Brownfield**
(b) Address **Pleasant Hill Mo**

19. (a) **11-11-45** (b) **Thereldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **11th**
year **1945** hour **10** minute **20 A.M.**
21. I hereby certify that I attended the deceased from **November 10, 1945** to **Nov. 11, 1945**
that I last saw him alive on **November 11, 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **unoxemia** Duration **25 hrs.**
Due to **Pulmonary atelectasis** **25 hrs**

Due to
Other conditions **Gastric hemorrhage** **? hrs.**
(include pregnancy within 3 months of death)

Major findings:
Of operations **101**
Of autopsy **above**
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 **0**
23. Signature **Geo. B. Norberg, M.D.** Date signed **11 Nov 45**
Address **Professional Bldg.**

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.....

By me 11-11-45....., Registered Apprentice No.....
Working under my personal supervision.

Signed *Allen Brownfield*

Licensed Embalmer No. *3785*

P. O. Address *Pleasant Hill*

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.