

FILED FEB 20 1946
Registration District No. **146**

Primary Registration District No. **3026**

Registrar's No. **43**

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

1. PLACE OF DEATH:
Jackson

(a) County **Independence**

(b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)

In this community **1 day**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri Jackson

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Route # 8**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Infant Soligo**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **2**
year **1946** hour **4** minute **30** A.M.

4. Sex **Female**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive **1946** years

7. Birth date of deceased: **February** (Month) **1** (Day) **1946** (Year)

21. I hereby certify that I attended the deceased from **2-1-1946** to **2-2-1946**
that I last saw her alive on **2-1-1946**
and that death occurred on the date and hour stated above.

8. AGE: Years **0** Months **0** Days **1**
If less than one day hr. _____ min. _____

9. Birthplace: **Independence Missouri**
(City, town, or county) (State or foreign country)

Immediate cause of death: **Generalized Atelectasis**

Due to **Pneumothorax - Due to be born May 4, 1946**

Due to **Pneumothorax rupture of membrane**

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

10. Usual occupation _____

11. Industry or business _____

12. Name **Ernest Soligo**

13. Birthplace **Mineral Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Bergabt Unknown Penns**
(City, town, or county) (State or foreign country)

15. Birthplace **E.S. Soligo**
(City, town, or county) (State or foreign country)

Major findings:
Of operations **none done**

Of autopsy **none done**

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

16. (a) Informant **E.S. Soligo**

(b) Address **Route #4. Indep. Mo.**

17. (a) **Removal** (b) Date thereof **2-2-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Scammon Kansas**

18. (a) Signature of funeral director **Geo. C. Carson**
Independence Missouri

(b) Address **Independence Missouri**

19. (a) **2-2-46** (b) **[Signature]**
(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) _____
_____ (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) **MD**
Address **Independence Mo** Date signed **2-2-46**

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. 2243
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.