

U.S. No. 2
FORM-5-43
REV. 5-17-39
I X36871

DEPARTMENT OF COMMERCE - THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED APR 29 1946 STANDARD CERTIFICATE OF DEATH

State File No. **13430**
Registrar's No. **1774**

Registration District No. **149** Primary Registration District No. **1001**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
In this community **2 days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **3010 E. 32d Street**
(e) Citizen of foreign country? **No**
If yes, name country _____

3. (a) PRINT FULL NAME **Cheryl Diane Infant WESTER**
(b) If veteran, name war **No**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **4** day **15**
year **1946** hour **5:45** minute **0** M.
21. I hereby certify that I attended the deceased from **born**, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **single**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 13 1946**
(Month) (Day) (Year)

Immediate cause of death **atelectasis**
Due to **Prematurity**
Due to **Self induced asphyxia**
Other conditions (Include pregnancy within 3 months of death) **1105**
Major findings: Of operations _____
Of autopsy **yes - as above**

8. AGE: Years **0** Months **0** Days **2**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Infant**

11. Industry or business _____
12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Norma Wester**
15. Birthplace **Kansas City Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Helen Chisman**
(b) Address **3010 East 32nd St. K.C. Mo.**
17. (a) **Burial** (b) Date thereof **4-16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Green Lawn Cemetery**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Homicide**
(b) Date of occurrence **4-5 to 4-15-46**
(c) Where did injury occur? **1st floor room**
(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 **Shot**
23. Signature **Samuel Walker** (M. D. or other)
Address **1424 114 St.** Date signed **4-15-46**

18. (a) Signature of funeral director **Melody-McGilley-Eyler**
(b) Address **1800 E. Linwood Blvd.**
19. (a) **4-15-46** (b) **Gerardine Holmes**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
12336

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.....^{NOT}

....., Registered Apprentice No.....
working under my personal supervision.

Signed Elmer E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, Mo.

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.