

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED JUL 29 1946
Registration District No. **1002**

Primary Registration District No. **1002**

Registrar's No. **2715**

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 **all its life**
(Specify whether years, months or days) **as above**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3407 Benton**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Baby John Merle Edmondson**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **infant**

6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **June 16 1946**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- - 1 hr. min.

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

10. Usual occupation **infant**

11. Industry or business **X**

12. Name **Dr. John Edmondson**

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

14. Maiden name **Bettie**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Dr. John Edmondson**

(b) Address **3407 Benton, Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **6-19-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **6-19-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **17th**
year **1946** hour **2:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 16**, 19**46** to **June 17**, 19**46**
that I last saw **her** alive on **June 17**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity - 6 mos pregnancy**
Due to **Premature labor**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **159**
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? **-**

While at work: (Specify type of place) (e) Means of injury **019-10**
23. Signature **Frederick Ferguson** (M. D. or other)
Address **933 1/2 W. 14th** Date signed **6-18-46**

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

Joseph B. Ferguson

Dr. Ferguson

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 *J. B. Ferguson*
Licensed Embalmer No. *1415*
P. O. Address. *150 E. 100th*

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.