

STANDARD CERTIFICATE OF DEATH

State File No. 20562

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2604

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST VINCENT'S Hosp 0
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 36 min.
In this community 36 min. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2502 BRIGHTON 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME INFANT VOGEL

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

4. Sex MALE 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 years

7. Birth date of deceased 6 - 10 - 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day hr. 36 min.

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

10. Usual occupation none

11. Industry or business

12. Name JOHN JAMES VOGEL

13. Birthplace KANSAS CITY, KANSAS
(City, town, or county) (State or foreign country)

14. Maiden name ALICE DREDD VIETS

15. Birthplace LA MONT, MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN VOGEL

(b) Address 2502 Brighton

17. (a) Burial (b) Date thereof 6/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address 4316 Grand

19. (a) 6-12-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 6 day 10
year 1946 hour 11:50 minute P.M.

21. I hereby certify that I attended the deceased from 6-10-46
19 to 6-10 1946
that I last saw him alive on 6-10-46
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (5 mo.) Duration 25 min.

Due to

Due to

Other conditions 159
(Include pregnancy within 3 months of death)

Major findings: Of operations

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)

(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 Fred J. Lowrey (M. D. or other)

Address Professional Bldg, Date signed 6-12-46

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

15434

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 *Thomas E. Jewick*

Licensed Embalmer No. *3775*

P. O. Address *A. C. Md*

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.