

S. No. 2
 OM-5-43
 v. 5-17-39
 I X36671

27432

DEPARTMENT OF COMMERCE
 BUREAU OF VITAL RECORDS
 STATE OF MISSOURI
FILED AUG 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. **3544**

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson Co.
 (b) City or town Jackson City Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Menorah Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether in this community 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson 48
 (c) City or town Kansas City Mo. 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1425 Van Buren 8
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Patrick Thomas Wynne
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 16
 year 1946 hour 1:00 AM minute 25 M.
 21. I hereby certify that I attended the deceased from Aug 12 1946 to 8-16 1946
 that I last saw him alive on Aug 15 1946
 and that death occurred on the date and hour stated above.

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

Immediate cause of death Two and a half months premature birth
 Due to _____
 Due to _____

7. Birth date of deceased August 12 1946
 (Month) (Day) (Year)
 8. AGE: Years _____ Months _____ Days 4 If less than one day _____ hr. _____ min.

Other conditions (include pregnancy, within 3 months of death) 15-9
 Major findings: Of operations _____
 Of autopsy Prematurity

9. Birthplace Kansas City Mo (City, town, or county) (State or foreign country) _____
 10. Usual occupation infant

MOTHER FATHER
 11. Industry or business _____
 12. Name Thomas Lee Wynne
 13. Birthplace New Orleans Louisiana (City, town, or county) (State or foreign country)
 14. Maiden name Kennetha Bryan
 15. Birthplace Kansas City Mo (City, town, or county) (State or foreign country)

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) (c) Means of injury 0

16. (a) Informant Mother of baby
 (b) Address 1425 Van Buren
 17. (a) Burial (b) Date thereof 8-17-46 (Month) (Day) (Year)
 (Burial, cremation, or removal)
 (c) Place: burial or cremation Stevens Mo

23. Signature John L. Laphy (M. D. or other) MD
 Address 1304 Professional Bldg Date signed Aug 16 1946

18. (a) Signature of funeral director J.P. Sheel
 (b) Address Kansas City Mo
 19. (a) 8-16-46 (b) Geraldine 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

26221

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. P. Scheil

Licensed Embalmer No. *3625*

P. O. Address *K. C. 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.