

FILED OCT 7 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

4004

1. PLACE OF DEATH:

- (a) County Jackson
 (b) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
The Children's Mercy Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day 19 hr 15 min
 (Specify whether
 In this community 1 day 19 hr 15 min
 years, months or days)

3. (a) PRINT FULL NAME JOHNNA LER Dumas3. (b) If veteran,
name war no3. (c) Social Security
No. none4. Sex Female 5. Color or
race W 6. (a) Single, widowed, married,
divorced single6. (b) Name of husband or wife
6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased June 28 1946
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
2 24 hr. min.9. Birthplace Lexington MISSOURI
(City, town, or county) (State or foreign country)10. Usual occupation child

11. Industry or business

12. Name OSCAR DANIEL Dumas13. Birthplace Wellington MISSOURI
(City, town, or county) (State or foreign country)14. Maiden name Joyce Cora Willard15. Birthplace Oskaloosa MISSOURI
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mr. O.D. Dumas(b) Address mailing Lexington, Mo.17. (a) BURIAL (b) Date thereof. 9-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Wellington Mo18. (a) Signature of funeral director J.R. Sheil(b) Address Kansas City Mo19. (a) 9-21-46 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Lafayette
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. mailing address Lexington, Mo.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21
year 1946 hour 5 P.M. minute _____ M.21. I hereby certify that I attended the deceased from September
19th, 1946, to September 21, 1946
that I last saw her ER alive on September 21, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death

Bubbar Poliomyelitis

Duration

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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 J.R. Sheil (M. D. or other) _____
Address 1624 Pro Bldg Date signed 9/21/46

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

J. P. Sheel

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, above space should be left blank.