

Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

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 NORTHEAST HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-DAYS
(Specify whether
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
(If outside city or town limits, write "RURAL")
(d) Street No. 2710 KENSINGTON AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT DEAN OBERNDORFER

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 SEPTEMBER 9 - 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 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 GEORGE A. OBERNDORFER

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

14. Maiden name EDNA PENNINGTON

15. Birthplace BURLINGTON KANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant MR. GEORGE A. OBERNDORFER

(b) Address 2710 KENSINGTON AVENUE

17. (a) CREMATION (b) Date thereof SEPT-11-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DW. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 9-11-46 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER Day 11TH
year 1946 hour 9 minute 00A M.

21. I hereby certify that I attended the deceased from Sept 9 to Sept 11, 1946
that I last saw him alive on Sept 11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Removal into Central Hospital
Body Exposed
Due to RA Factor

Duration
6 hrs

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

Major findings: Of operations 161c
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) (a) Means of injury 20
23. Signature Sheldine Holmes (M. D. or other) 20
Address 3811 E 27 Date signed 9-11-46

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

202423

380
1-4
2710

2405-

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 *Oliver Northey*

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.