

FILED NOV 12 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4620

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

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: Childrens Memorial Hospital
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 5 hrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Obregon, Richard

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex m 5. Color or race w 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 August 18 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace St. Marys Hospital, N.C. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER

12. Name Simon O. Oregon

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

14. Maiden name Josephine B. Oregon

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

16. (a) Informant Josephine B. Oregon

(b) Address 404 Shannon Ave

17. (a) Removal (b) Date thereof 11-2-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary Cemetery

18. (a) Signature of funeral director Daniel Thomas

(b) Address 644 Kanstant X. E. Kansas

19. (a) 11-2-46 (b) Alfred Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 404 Shannon
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 1st
year 1946 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from November 1st 1946 to November 19, 46
that I last saw him alive on 11-1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute purulent meningitis
Duration 24-48 hrs

Due to Undet.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 8/2

Major findings: Of operations _____

Of autopsy Some

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) Means of injury _____

23. Signature [Signature] (M. D. or other) MD
Address 24 Lakes Ave Date signed 11/2/46

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.....

Licensed Embalmer No. 4382

P. O. Address..... R. C. R.

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.