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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1947

Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 13680

Registrar's No. 1788

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town KansasCity
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
The Willows 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 5 days
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. 2929 Main St. 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Penelope Spear

3. (b) If veteran, name war Infant

3. (c) Social Security No. Infant

4. Sex Female

5. Color or race Wh.

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife infant

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 13 (Day) 8 1947 (Year)

8. AGE: Years | Months | Days 5 | If less than one day hr. min.

9. Birthplace Kansas City, Jackson County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maxine Volden
15. Birthplace Canby, (Yellow Medicine) Minn.
(City, town, or county) (State or foreign country)

16. (a) Informant Maxine Spear
(b) Address 2929 Main St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 4-19-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th
year 1947 hour 10 minute 30 a.M.

21. I hereby certify that I attended the deceased from April 8, 1947, to April 13, 1947;
that I last saw her alive on April 11, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to

Due to

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

Major findings:
Of operations 159
Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature H. Snyder (M. D. or other) MD

Address 315 Alameda Rd Date signed 4/14/47

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ not embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Chas E. Wilks

Licensed Embalmer No. 2644

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.