No. 2
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1947

Registration District No. 149

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

24066

State File No.

Registrar's No. 2971

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: EASTSIDE HOSPITAL
(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 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4911 E-27th 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 ELIZABETH ASHNER

3. (b) If veteran, name war ✓ no

3. (c) Social Security No. none

4. Sex F 1

5. Color or race W.

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased 7 mo (Month) 5 no (Day) 1947 days (Year)

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

9. Birthplace KANSAS CITY (City, town, or county) MO (State or foreign country)

10. Usual occupation — infant

11. Industry or business —

FATHER
12. Name Geo. Davis
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name FERN R. ASHNER
15. Birthplace K. C. (City, town, or county) MO (State or foreign country)

16. (a) Informant John Cavanaugh
(b) Address 4911 E 27

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 47 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Calvary

18. (a) Signature of funeral director C. G. Thorjan
(b) Address 2512 Holmes St

19. (a) 7-14-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 7th year 1947 hour 3.35 minute A. M.

21. I hereby certify that I attended the deceased from JULY 5th 1947 to JULY 7 1947 that I last saw her alive on JULY 7 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death INTRA CRANIAL HEMORRHAGE	
Due to BIRTH TRAUMA	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

1600

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

23. Signature John E. Cavanaugh (M.D. or other)

Address 4911 E-27th St Date signed 7/7/47

K C. Mo.

(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 embalmed by me, ~~or by~~.....

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

working under my personal supervision.

Signed P. G. Theisen

Licensed Embalmer No. 2361

P. O. Address 2512 Holm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.