V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 26 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27938
Registrar's No. 3501

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 20 days (Specify whether years, months or days)
In this community: 20 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.: 3810 E. 56 Terr.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Janice Lee Sims Infant
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Female
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: June 26, 1947 (Month) (Day) (Year)

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

9. Birthplace: Kansas City, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: infant
11. Industry or business:

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

MOTHER
14. Maiden name: Violet Elizabeth Cochran
15. Birthplace: [illegible] (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Record Clerk
(b) Address: General Hospital No. 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Lucas
18. (a) Signature of funeral director: Wm A Rohmeyer
(b) Address: K C Mo
19. (a) 8-14-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1947 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from June 26, 1947 to July 16, 1947 that I last saw her alive on July 16, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Atelectasis-Subarachnoid hemorrhage
Prematurity

Due to:

Due to:

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

Major findings: 1600a
Of operations:
Of autopsy: See above

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:

23. Signature: Wm W. Hart (M. D. or other) MD
Address: Med. Dir. Gen'l Hosp. Date signed: 7-16-47

(Licensed Embalmer's Statement on Reverse Side)

Dr Uhlman

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 not Embalmed, Registered Apprentice No.....,
working under my personal supervision.

Signed Wm A Lohmeyer

Licensed Embalmer No. 3089

P. O. Address 15 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.