

No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31365**  
Registrar's No. **3850**

Registration District No. **149**

Primary Registration District No. **1002**

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: St. Luke's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs. 15 min.  
(Specify whether years, months or days)

In this community 2 hrs. 15 min.

**3. (a) PRINT FULL NAME:** Baby Girl Nottberg

**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:** 8 26 1947  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
			<u>2 hr. 15 min.</u>

**9. Birthplace:** Kansas City Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** Infant

**11. Industry or business:** \_\_\_\_\_

MOTHER FATHER

**12. Name:** Henry Nottberg Jr.

**13. Birthplace:** Kansas City Missouri  
(City, town, or county) (State or foreign country)

**14. Maiden name:** Barbara Ruth Badnell

**15. Birthplace:** Kansas City Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant:** Mrs. H. Nottberg Jr.

**(b) Address:** 5317 Chadwick Rd. J.C. Mo.

**17. (a) (Burial/cremation/ or removal):** \_\_\_\_\_ **(b) Date thereof:** 8 26 1947  
(Month) (Day) (Year)

**(c) Place: burial or cremation:** St. Luke's Hospital

**18. (a) Signature of funeral director:** St. Luke's Hospital

**(b) Address:** 44th & Mill Creek Blvd. J.C. Mo.

**19. (a) (Date received local registrar):** 9-9-47 **(Registrar's signature):** Sheraldine Holmes

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Kansas (b) County Jackson

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

(d) Street No. 5317 Chadwick Rd. Fairway Dist  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 8 day 26  
year 1947 hour 8 minute 00 A.M.

**21. I hereby certify that I attended the deceased from** 8-26 1947 **to** 8-26 1947  
8-26 1947 **to** 8-26 1947  
that I last saw her alive on 8-26 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Intracranial hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: 1600  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: \_\_\_\_\_

Of autopsy: low

**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)

(e) Means of injury: Pathology

**23. Signature:** [Signature] **(M. D. or other):** \_\_\_\_\_

**Address:** St. Luke's Hospital **Date signed:** 9/9/47

---

---

**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.....

P. O. Address.....

**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.**