. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

34443

State File No.

FILED NOV 8 1947

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 4524

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 6
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 13½ hrs. (Specify whether
In this community 13½ hrs. 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. 2804 Tracy 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lynn Dull
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 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 13, 1947 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 13 hr. 30 min.

9. Birthplace Kansas City, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation infant
11. Industry or business

FATHER
12. Name X 4
13. Birthplace
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marcia Elizabeth Ditzler
15. Birthplace Whitewood, So. Dakota 1
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address R C Gen Hosp
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lee S
18. (a) Signature of funeral director Wm A Lohmeyer
(b) Address City Mortician
19. (a) 10-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14
year 1947 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug. 13 1947 to Aug. 14 1947;
that I last saw her alive on Aug. 14 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 159

Major findings:
Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Blaine Zoch Hebbard (M. D. or other)
Address Med. Div. Gen'l Hosp. Date signed 8-14-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

M. Parker

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 15C 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.