

FILED JAN 27 1948 49

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 193

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. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 52 DAYS
In this community 52 DAYS
(Specify whether years, months or 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. 2437 MICHIGAN
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME INFANT GARRISON

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex FEMALE 3
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive years 12, 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 22 hr. min.

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

10. Usual occupation NONE

11. Industry or business _____

12. Name (LILLIE MAY WREN)

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name LILLIE MAY WREN

15. Birthplace DENNISON, TEXAS
(City, town, or county) (State or foreign country)

16. (a) Informant LILLIE MAY GARRISON (MOTHER)

(b) Address 2437 MICHIGAN

17. (a) Burial (b) Date thereof 1-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address City, mortician

19. (a) 1-14-48 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 4, year 1948 hour 1: minute 22 A. M.

21. I hereby certify that I attended the deceased from NOVEMBER 12, 1947 to JANUARY 4, 1948; that I last saw her alive on JANUARY 4, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death PREMATURETY (2 LBS. -4 OZS.)

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 159

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?

While at work? (Specify type of place) (e) Manner of injury

23. Signature _____ (M.D. or other) M.D. Address GENERAL HOSPITAL NO. 2 Date signed 1/5/48

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

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..... *HC MD*

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.