

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

FILED FEB 17 1948

State File No.

488

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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 2 days
In this community 2 Day^s
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. 1853 Jefferson St
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anderson Infant

3. (b) If veteran, name war Child 3. (c) Social Security No. Child

4. Sex Female 5. Color or race White 6. (a) Single widowed, married, divorced Child

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 1948 years

7. Birth date of deceased Jan. 31 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 2 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

12. Name Robert Anderson

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

14. Maiden name Nina Romine

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

16. (a) Informant Robert Anderson

(b) Address 1853 Jefferson St. K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary; K. C. Kan.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address Kansas City, Missouri

19. (a) 2-9-48 (Date received local registrar) (b) Steraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1948 hour 8 minute 59 P. M.

21. I hereby certify that I attended the deceased from Jan. 31, 1948, to Feb. 2, 1948; that I last saw her alive on Feb. 2, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to

Due to

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

Major findings: Of operations

Of autopsy See above

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 Wm W. Hart (M. D. or other) Med. Dir. Gen'l Hosp. Date signed 2-3-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. P...

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.....

Blaine E. Weiler
.....
Licensed Embalmer No. *4075*
P. O. Address *K.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.