No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5032

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 886

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: Childrens Mercy Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Hours (Specify whether
In this community 6 Hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
(c) City or town Lexington (If outside city or town limits, write "RURAL") 3
(d) Street No. 1801 Oneida (If rural, give location) 2
(e) Citizen of foreign country? ~~Yes~~ NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Ronald Eugene Puckett
3. (b) If veteran, name war no
3. (c) Social Security No. none.
4. Sex Male
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 May (Month) 4 (Day) 1946 (Year)

8. AGE: Years 1 Months ~~10~~ 9 Days 22 If less than one day hr. min.

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

FATHER
12. Name ~~Jake Gross~~ 9
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nellie Puckett
15. Birthplace Dover Mo. (City, town, or county) (State or foreign country)

16. (a) Informant L Windler
(b) Address Mercy Hosp
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington Mo
18. (a) Signature of funeral director Forrest Tempel
(b) Address Lexington Mo.
19. (a) 2-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 26 day 26th year 1948 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from Feb 25, 1948, to Feb 26, 1948; that I last saw him alive on Feb 26, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia Bronchitis	
Due to Same	
Due to Same	
Other conditions (Include pregnancy within 3 months of death) 107	
Major findings: Of operations	
Of autopsy Bronchopneumonia Bronchitis	

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)
While at work? (e) Means of injury
23. Signature C. H. Schmidt (M. D. ~~or other~~)
Address St. Lukes, Hospital Date signed Feb 26-48
K.C. Mo

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Geo McKean

Licensed Embalmer No. 2983

P. O. Address Lexington 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.