

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 12 1948

# THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **8691**  
Registrar's No. **1267**

Registration District No. **149** Primary Registration District No. **1002**

**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 **10 hrs. 37 mins.**  
(Specify whether  
 In this community **Same**  
years, months or days)

**3. (a) PRINT FULL NAME** **Doris Ann Folson**  
 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 \_\_\_\_\_ years  
 7. Birth date of deceased **March 21 1948**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<b>10 hr. 37 min.</b>

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

10. Usual occupation **Child**

11. Industry or business \_\_\_\_\_  
 12. Name **Emil Folson**  
 13. Birthplace **Purvis, Missouri**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Clara Ratliff**  
 15. Birthplace **Lexington, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Emil Folson**  
 (b) Address **1732 Penn St. :K.C. Mo.**

17. (a) **Burial** (b) Date thereof **3-22-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Lexington, Mo.**

18. (a) Signature of funeral director **Weilert Funeral Home**  
 (b) Address **Kansas City, Missouri**

19. (a) **3-22-48** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

**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. **1732 Penn**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **March** day **21**  
 year **1948** hour **7** minute **10 P.M.**  
 21. I hereby certify that I attended the deceased from **3**  
**21**, 19**48**, to **3-21**, 19**48**;  
 that I last saw **her** alive on **3-21**, 19**48**;  
 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)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **None**

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

23. Signature **Wm W. Hart** (M. D. or other) **MD**  
 Address **Med. Dir. Gen'l Hosp.** Date signed **3-22-48**

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

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

*W. Santos*

**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. Weibel*

..... 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.**