

FILED JUN 19 1948
Registration District No. 849

Primary Registration District No. 1002

Registrar's No. 2458

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

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 5 DAYS
In this community 5 DAYS
years, months or days (Specify whether)

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. 1817 E. 11TH STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME INFANT CARMICHAEL

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

4. Sex FEMALE 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

7. Birth date of deceased APRIL 10, 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 5 If less than one day 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 MATTHEW CARMICHAEL

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

14. Maiden name ANNA GOODWIN

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

16. (a) Informant ANNA CARMICHAEL (MOTHER)

(b) Address 1817 E. 11TH STREET

17. (a) Burial (b) Date, thereof 6-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Under ground

18. (a) Signature of funeral director [Signature]

(b) Address City of Springfield

19. (a) 6-12-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 15,
year 1948 hour 8: minute 30 P.M.

21. I hereby certify that I attended the deceased from APRIL 10, 1948 to APRIL 15, 1948

that I last saw HER alive on APRIL 15, 1948

and that death occurred on the date and hour stated above.

Immediate cause of death MECONIUM PERITONITIS Duration _____

SECONDARY TO MECONIUM ILLIUS

(Probably due to a rupture)

Due to _____

Due to _____

Other conditions 157 m
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy SAME AS ABOVE

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) Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address GENERAL HOSPITAL NO. 2 Date signed 4/17/48

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. Johnson*.....

Licensed Embalmer No.....*3089*.....

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.