

Registration District No. 149

Primary Registration District No. 1002

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: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 4 days

3. (a) PRINT FULL NAME Charles C. SOULE III

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 June 28, 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 4 hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Charles C. Soule

13. Birthplace James Port, Rhode Island
(City, town, or county) (State or foreign country)

14. Maiden name Margaret C. Clause

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

16. (a) Informant Mr. Charles C. Soule

(b) Address 8638 Hiawatha, K. C., Mo. KA 183

17. (a) Burial (b) Date thereof 7-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Melody-McGilley-Eylan

(b) Address Kansas City, Missouri

19. (a) 7-3-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999
(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")
(d) Street No. 8638 Hiawatha
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1948 hour 11 minute 17 M.

21. I hereby certify that I attended the deceased from birth July 28, 1948, to death, 1948;
that I last saw him alive on 7-2, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Eng. Hypertension fatalis Duration _____

Due to RH incompatibility
(rising maternal titer)

Due to placental blood

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

Major findings: 1616
Of operations _____

Of autopsy Eng. Hypertension fatalis 1616
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 A. S. S. S. S. S. (M. D. or other) 0
Address 7711 - Central Date signed 7-3-48

Soule

Dr. Sinclair or Mr. [unclear]

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 _____

Max W. Hendall, Registered Apprentice No. 86
working under my personal supervision.

Signed Allen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.