S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 3 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

19710

State File No.

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2615

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: Menorah
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hr - 55 min (Specify whether
In this community 3 hrs - 55 min years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City, Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3239 Wabash 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country U.S.

3. (a) PRINT FULL NAME RICHARD LEE WAGGONER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race W

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 6 (Month) 21 (Day) 1948 (Year)

8. AGE: Years — Months — Days — If less than one day 3 hr. 55 min.

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

10. Usual occupation — Infant

11. Industry or business —

FATHER
12. Name JACK WAGGONER
13. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ALMA LOUISE CAMPBELL
15. Birthplace WYMORE (City, town, or county) NEBRASKA (State or foreign country)

16. (a) Informant Mr. Jack Waggoner
(b) Address 3239 Wabash, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 6-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st
year 1948 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from 6 25 A.M. June 21, 1948, to 10 50 A.M. June 21 1948
that I last saw him alive on June 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Atelectasis Lung

Due to Prematurity

Due to Placenta Previa

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 160 C

Duration

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? (Specify type of place)

While at work (e) Means of injury 0

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

Address 1103 Grand Date signed 6/2/48

(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 Glen 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.