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

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19736

Registrar's No. 2597

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: Unknown 17th. + Sawn.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: Unknown

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.: Unknown
(If rural, give location)

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

If yes, name country: ____

3. (a) PRINT FULL NAME: Unknown Infant

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: Unknown (Month) (Day) (Year)

8. AGE: Years: Unknown | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace: Unknown (City, town, or county) / (State or foreign country)

10. Usual occupation: infant

11. Industry or business: ____

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) / (State or foreign country)

16. (a) Informant: Jack Gibb Dept Coroner
(b) Address: Court House K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn

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

19. (a) 6-21-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th year 1948 hour found 3:45 P. minute ____ M.

21. I hereby certify that I attended the deceased from Coroner, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Unknown

Due to: This full term baby

Due to: Had been dead about 4 days

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: None

Of autopsy: No

History & Inspection

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: ____

23. Signature: Jerrell Walker (M. D. or other)

Address: 1424 Jost Bldg. Date signed 6-19-48

(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 Eden 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.