

No. 300  
-10-47  
5-17-39  
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MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **29898**  
**3697**  
Registrar's No.

Registration District No. **1948/49**

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: **GENERAL HOSPITAL NO. 2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12 HRS.**  
(Specify whether years, months or days)

In this community **12 HRS.**  
(Specify whether years, months or days)

3: (a) PRINT FULL NAME **INFANT NORTH**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **MALE** 2

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 **28, 1948** years (Day) (Year)

7. Birth date of deceased **JULY 28, 1948**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
			<b>12 hr. min.</b>

9. Birthplace **KANSAS CITY MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

MOTHER FATHER

11. Industry or business

12. Name **ALBERT NORTH**

13. Birthplace **MEMPHIS TENNESSEE**  
(City, town, or county) (State or foreign country)

14. Maiden name **JANETTE HOOKS**

15. Birthplace **CONWAY ARKANSAS**  
(City, town, or county) (State or foreign country)

16. (a) Informant **JANETTE NORTH (MOTHER)**

(b) Address **1308 E. 11th St.**

17. (a) **Burial** (b) Date thereof **9-10-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **buried**

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

(b) Address **[Address]**

19. (a) **9-9-48** (b) **[Signature]**  
(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. **1308 E. 11TH STREET**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **28,** year **1948** hour **12:** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **JULY 28, 1948,** to **JULY 28, 1948,** that I last saw him **IM** alive on **JULY 28, 1948,** and that death occurred on the date and hour stated above.

Immediate cause of death **PREMATURITY (5 MOS.) ATELECTASIS OF LUNGS**

Duration

Due to

Due to

Other conditions **159**  
(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) Address of injury

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

Address **GENERAL HOSPITAL NO. 2** Date signed **9/29/48**

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**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. Schuyler*.....

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

P. O. Address *17 C MD*.....

**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.**