

FILED DEC 29 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40418
4970
Registrar's No.

48
3
8
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 #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 hours
(Specify whether
In this community see above
years, months or days)

3. (a) PRINT FULL NAME INFANT WILLOUGHBY

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

4. Sex female 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 Dec. 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 36 hr. 15 min.

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

10. Usual occupation infant

11. Industry or business

12. Name Harold Willoughby

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

14. Maiden name Mildred Robinson

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

16. (a) Informant Harold Willoughby

(b) Address 3109 Noland Road

17. (a) Burial (b) Date thereof 12/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Earp & Sons

(b) Address 4139 East 15th, St.

19. (a) 12-5-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3109 Noland Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th
year 1948 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from Dec. 4 1948 to 12-5 1948
that I last saw her alive on 12-5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis

Due to

Due to

Other conditions 1612
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

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?

Wm. W. Hart (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm W Hart (M. D. or other)
Address Med. Dir. Gen'l Hosp. 12-5-48
Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Kinney

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 *John B. King*
Licensed Embalmer No. *2455*
P. O. Address *H. C. King*

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.