

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5075

367

BIRTH NO. 49-007914 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 2002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>12 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C. General Hospital No. 1</u>				d. STREET ADDRESS (If rural, give location) <u>1024 Jefferson</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JIMMIE</u> b. (Middle) <u>Infant</u> c. (Last) <u>CURTIS Pelfrey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18th 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>1-17-49</u>	
9. AGE (In years last birthday) <u>12 hrs.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Arvel Pelfrey</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Cathers</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Record Clerk K. C. General Hospital No. 1</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxemia</u> ANTECEDENT CAUSES DUE TO (b) <u>Generalized toxemia</u> DUE TO (c) <u>toxemia of pregnancy (mother)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(no birth injury) 769.0</u>				INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-17-49</u> , <u>19</u> , to <u>1-18-49</u> ; <u>19</u> , that I last saw the deceased alive on <u>1-16-49</u> , <u>19</u> , and that death occurred at <u>1:57 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title)				23b. ADDRESS <u>Med. Dir. K.C. Gen. Hospital</u>		23c. DATE SIGNED <u>1-19-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lee's Station 15c mo</u>	
DATE REC'D BY LOCAL REG. <u>1-25-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. d. Holmberg</u>		ADDRESS <u>15c mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Student Embalmer No. _____

working under my personal supervision.

Signed *Wm A. Schuyler*

Signed _____
Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address *ITC 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.