

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12262

State File No. ....

BIRTH NO. 49-014172 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4369

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>3 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>1204 E 9th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u>			
3. NAME OF DECEASED a. (First) <u>Baby</u>		b. (Middle) <u>Albanese</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 21 1949</u>	
5. SEX <u>fe</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>March 21 1919</u>
9. AGE (In years last birthday) <u>1</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</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>0 Kansas City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jim Albanese</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Bennett</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)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Jim Albanese</u> ADDRESS <u>1204 E 9th</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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Labor</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cause unknown</u> <u>a 5 3/4 month fetus</u> DUE TO (c) <u>Prematurity is cause - lived about 1 1/2 hours</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>1 hr</u>		19b. MAJOR FINDINGS OF OPERATION <u>776X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)		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>March 24 1949</u> , to <u>3-24</u> , 1949, that I last saw the deceased alive on <u>3-24</u> , 1949, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Eugene H. Ferguson M.D.</u> (Degree or title)		23b. ADDRESS <u>933 Prof Bldg</u>	
23c. DATE SIGNED <u>3-25-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-26-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
DATE REC'D BY LOCAL REGISTRY <u>3-26-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman &amp; Soh, Inc.</u> ADDRESS <u>Kansas City Mo</u>			

*Dr. Eugene Ferguson  
Prof. Blodg*

*X966*

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.