

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12770
1612

BIRTH NO. 49-015692 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1612

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

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 25 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 1310 East 11th Street
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2					
3. NAME OF DECEASED (Type or Print) a. (First) BRENDA b. (Middle) JOYCE c. (Last) WILKINS			4. DATE OF DEATH (Month) (Day) (Year) APRIL 5 1949		
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MARCH 10 1949		9. AGE (In years last birthday) IF UNDER 1 YEAR Months 25 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME --		13b. MOTHER'S MAIDEN NAME DORIS WILKINS		14. NAME OF HUSBAND OR WIFE --	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) --	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS DORIS WILKINS 1310 East 11th Street			
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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) ATELECTASIS OF LUNG PREMATURITY (2 lbs 8 oz) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) (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 3/10/1949, to 4/5/1949, that I last saw the deceased alive on 4/5/1949, and that death occurred at 2:55P m., from the causes and on the date stated above.

23a. SIGNATURE Frank B. [Signature] (Degree or title)		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 4/8/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 4-13-49	24c. NAME OF CEMETERY OR CREMATORY Municipal Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City MO		
DATE REC'D BY LOCAL REG. 4-11-49	REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. A. [Signature] KC MO		

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 _____

Am. A. [Signature]

Signed _____
Student Embalmer

Licensed Embalmer No. _____

3089

P. O. Address _____

KC 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.