

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23396

State File No.

2987

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>2987</u>
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>La Fayette</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>HARRISONVILLE</u>		
c. LENGTH OF STAY (in this place) <u>Non res</u>		d. STREET ADDRESS (If rural, give location) <u>203 Bradley Street</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u>		b. (Middle)		c. (Last) <u>GINN</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 30 1949</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MAY 30 1949</u>	9. AGE (In years last birthday) <u>45</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		13b. MOTHER'S MAIDEN NAME <u>BARBARA ANN GINN</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 ADDRESS <u>BARBARA ANN GINN HARRISONVILLE, MO.</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>PREMATURE BIRTH (1 lb. 9 1/2 oz)</u> <u>NEONATAL DEATH</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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>5/30/1949</u> , to <u>5/30/1949</u> , that I last saw the deceased alive on <u>5/30</u> , 19 <u>49</u> and that death occurred at <u>2:00A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE OF <u>Frank Elmer</u> (Degree or title)		23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>6/2/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-7-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Municipal Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>La Fayette, Mo</u>		24e. LOCAL DIRECTOR'S SIGNATURE ADDRESS <u>Deraldine Halmer</u>		
DATE REC'D BY LOCAL REG. <u>7-9-49</u>		REGISTRAR'S SIGNATURE <u>Deraldine Halmer</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miss Tompkins</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.

Student
Student Embalmer

Signed *Am. A. Schuyler* _____

Licensed Embalmer No. *3089* _____

P. O. Address *TC 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.