

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23672
3168
Registrar's No.

BIRTH NO. 41535-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

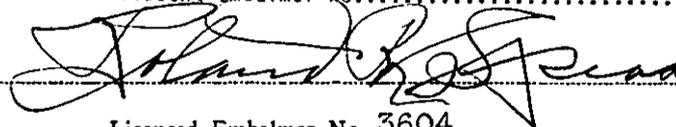
1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (If in this place) 24 Hrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue-Township-Rural		d. STREET ADDRESS (If rural, give location) 43rd St. Terrace & Blue Ridge
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) PEARL c. (Last) SHERMAN			4. DATE OF DEATH (Month) (Day) (Year) July 19, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH July 18, 1950	9. AGE (In years last birthday) 0	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		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 Thomas Sherman		13b. MOTHER'S MAIDEN NAME Vera Anderson		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 Mr. Thomas Sherman, Kansas City, Mo.		
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					
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (Fetus)				INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature Labor					
DUE TO (c) -----					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7/14/50					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None			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)		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 July 18, 1950 , to July 19, 1950 , that I last saw the deceased alive on July 19, 1950 , and that death occurred at 10³⁰ P.m. , from the causes and on the date stated above.					
23a. SIGNATURE Bailey C. Andrus (Degree or title)			23b. ADDRESS 315 Nichole Road		23c. DATE SIGNED July 19, 1950
24a. BURIAL CREMATION (REMOVAL) (Specify)	24b. DATE 7/21/50	24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery		24d. LOCATION (City, town, or county) (State) Jackson County, Missouri	
DATE REC'D BY LOCAL REG. 7-21-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland R. Speaks, Independence, Mo.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed .....

Signed.....
Student Embalmer

Licensed Embalmer No. 3604.....

P. O. Address Independence, Missouri.....

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.