S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12892

FILED APR 19 1952

BIRTH NO. 7415 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1502

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

1. PLACE OF DEATH
a. COUNTY ~~Kxxlxpmx~~ Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) 2 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7100 E Truman Rd.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 7100 E Truman Rd.,

3218

3. NAME OF DECEASED (Type or Print)
a. (First) THOMAS
b. (Middle) WILLIAM
c. (Last) Fortner

4. DATE OF DEATH (Month) (Day) (Year) 3/31/52

5. SEX Male
6. COLOR OR RACE Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S
8. DATE OF BIRTH 1/27/52
9. AGE (In years last birthday) If under 1 year: Months 2 Days 4 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (City and State or Foreign Country) Kansas City Mo
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Townsend Fortner
13b. MOTHER'S MAIDEN NAME Mary Puckett
14. NAME OF HUSBAND OR WIFE no

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 Townsend Fortner, 7100 E Truman Rd., ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation

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

E9240
22

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 123
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Kansas City (COUNTY) Jackson (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-31-52 8:00 A m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Baby was sleeping with parents

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) Geo C Kealhofer M H Deputy Coroner
23b. ADDRESS 4050 Broadway K Cmo
23c. DATE SIGNED 4-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/2/52
24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cem.
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 4-1-52
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE John P. Sheil, K. C. Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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.

Student _____
Student Embalmer

Signed John P Shiel

Licensed Embalmer No. 3625

P. O. Address 15 C Md

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.