

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31870

State File No. _____

BIRTH NO. 69307 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4052

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>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL # 2</u>		d. STREET ADDRESS (If rural, give location) <u>2100 WABASH</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>INFANT</u> b. (Middle) <u>*****</u> c. (Last) <u>SMITH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 4, 1952</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>AUGUST 4, 1952</u>		9. AGE (In years last birthday) <u>3</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u> Hours <u>0</u> Min.	
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>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>JOBBIE SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>JOYCE BROWN</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOYCE SMITH 2100 WABASH</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>IMMATURITY</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PREMATURITY</u> 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 <u>776x</u>	
--	--	--	--	--	--	---	--

19a. DATE OF OPERATION <u>NONE</u>		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 AUGUST 4, 1952 to AUGUST 4, 1952, that I last saw the deceased alive on AUG 4, 1952, and that death occurred at 6:58 Pm., from the causes and on the date stated above.

23a. SIGNATURE OF Frank Ellis MD (Degree or title)		23b. ADDRESS <u>600 E. 22ND. STREET</u>		23c. DATE SIGNED <u>9-8-52</u>	
--	--	--	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-10-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fields</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, MO</u>	
---	--	-----------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>9-13-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. EMERALD DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS	
--	--	--	--	--	--	---------	--

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 *Ann A. Romney*

Licensed Embalmer No. *5089*

P. O. Address *RC 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.