

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16055**  
**1914**

BIRTH NO. 428522914-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3748

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) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>711 512 Pierce</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>unnamed</u>	b. (Middle) <u>Male</u>	c. (Last) <u>Mouri</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4 24 54</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>Japanese</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>4-24-54</u>
9. AGE (In years last birthday)	10. KIND OF BUSINESS OR INDUSTRY <u>infant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Sadayuki Mouri</u>	13b. MOTHER'S MAIDEN NAME <u>Tsuyuko Martha Nitao</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sadayuki Mouri 512 Pierce K.C.Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>congenital</u>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anencephalia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>150x</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>born 8:10 P.M.</u> DUE TO (c) <u>Died 20 minutes later at 8:30 P.M.</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/24/54</u>		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)	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 4/24, 1954, to 4/24, 1954, that I last saw the deceased alive on 4/24, 1954, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. R. Becker M.D.</u>	23b. ADDRESS <u>4000 Baltimore Kansas City Mo</u>	23c. DATE SIGNED <u>4/26/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Cemetery</u>
	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>4-28-54</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Trinity Lutheran Hosp. K.C. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**