

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37990

State File No. \_\_\_\_\_

FILED DEC 7-1956

BIRTH NO. 099967-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 4947  
Registrar's No. 4947

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>lifetime</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <b>(Infant)</b>		e. STREET ADDRESS (If rural, give location) <b>3800 2615 East 28th Street</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11 2 1956</b>
5. SEX <b>3</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED (Never Married) WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>11-2-56</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 6 WKS. Hours Min. <b>10 39</b>
11a. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>America</b>	
13a. FATHER'S NAME <b>Morris Eldridge</b>		13b. MOTHER'S MAIDEN NAME <b>Rosa Lee Richardson</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Rosa Lee Eldridge, 2615 E. 28th St.</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fetal atelectasis.</b>		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES DUE TO (b) <b>Prematurity.</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>7625</b>

19a. DATE OF OPERATION	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) m.	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 11-2-56, 19  , to 11-2-56, 19  , that I last saw the deceased alive on 11-2-56, 19  , and that death occurred at 9:00pm., from the causes and on the date stated above.

23a. SIGNATURE (Deacon or title) <b>W. R. Peterson</b>	23b. ADDRESS <b>600 E. 22nd St.</b>	23c. DATE SIGNED <b>11-8-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>11-21-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Louis</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis MO</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm. A. Tompkins 1100 MO</b>	
DATE REC'D BY LOCAL REG. <b>11-16-56</b>	REGISTRAR'S SIGNATURE <b>new minshall</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
W. R. Peterson

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.....  
Signature of Student Embalmer

Signed Anna Bohmeyer

Licensed Embalmer No. 3089

P. O. Address K C M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.