

REC'D SEP 19 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28142

Do not use this space.

101

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township 1002 Primary Registration District No. 1002
 (c) City K. C. Mo. (d) Street No. General Hosp. #2 Registered No. 101
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Infant Crane 650
 (a) Residence, No. 1206 E. 17th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Still Born

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11, 1928

7. AGE YEARS MONTHS DAYS 10 1 1
 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc. 0
 10. Date deceased last worked at this occupation (month and year) 0
 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Mo.13. NAME Albert Crane14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Olathe Kans.15. MAIDEN NAME Geraldine Porter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Mo.17. INFORMANT (ADDRESS) General Hospital18. BURIAL, CREMATION, OR REMOVAL Lead 115 DATE Aug 23, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Walt J. [unclear]20. FILED Aug 23, 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11, 193822. I HEREBY CERTIFY, That I attended deceased from 8-11, 1938 to 8-11, 1938

I last saw him alive on 8-11, 1938 Death is said to have occurred on the date stated above, at 10:35 a.m.

The principal cause of death and related causes of importance were as follows:

Still Born
 Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) [Signature] M. D.(Address) 600 East 22nd St.

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 *C W Went*

Registered Apprentice No., working under my personal supervision.

Signed *C W Went*

Licensed Embalmer No. *2710*

P. O. Address *1415 Vine St C Mo*

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, above space should be left blank.