

REC'D NOV 1 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

34867  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 38  
(b) Township Kaw Primary Registration District No. 16  
(c) City Kansas City (d) Street No. Wingard Park Hospital Registered No. 4203  
(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.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. 565 Unrein (premature infant)  
2625 Holmes 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1938

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation 159

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

FATHER 13. NAME Marcel Joseph Unrein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hays, Kansas

MOTHER 15. MAIDEN NAME Frieda Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windsor, Mo.

17. INFORMANT (ADDRESS) Frieda Unrein  
2625 Holmes

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Oct 26 38

19. FUNERAL DIRECTOR (ADDRESS) Leband & Francis  
Paulville Mo

20. FILE 10-27-38 M. M. Crow  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1938, to Oct 26, 1938

I last saw him alive on Oct 26, 1938 Death is said to have occurred on the date stated above, at 10:30 pm.

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

Prematurity  
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? no

If so, specify.....

(Signed) John Hilda, M. D.

(Address) 1712 W. 39th, K.C., Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Leland W Francis, Licensed Embalmer No. 3451

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Leland W Francis

Licensed Embalmer No. ....

**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.)**