

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—UNFADING BLACK INK—MAKE A PERMANENT RECORD

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF STILLBIRTH
(COMBINATION BIRTH AND DEATH CERTIFICATE)

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF STILLBIRTH:
(a) County Jackson
(b) City or town Jackson City
(c) Name of hospital or institution: Research Hospital
(d) Mother's stay before delivery in hospital or institution: —

2. USUAL RESIDENCE OF MOTHER:
(a) State Missouri
(b) County Jackson
(c) City or town Jackson City
(d) Street No. 36 West 73rd St

3. Full name of child: PRINT 650
4. Date of stillbirth: 11-10-39
5. Sex: male 6. Twin or triplet: — 7. Number months of pregnancy: 7 1/2 8. Is mother married? yes

FATHER OF CHILD
9. Full name: Ben N. Bayer
10. Color or race: white 11. Age at time of this birth: 46 yrs.
12. Birthplace: St. Paul Minn.
13. Usual occupation: Salesman
14. Industry or business: Am. participation
21. Children born to this mother: (a) 0 (b) 0 (c) 0

MOTHER OF CHILD
15. Full maiden name: Vera Harrison
16. Color or race: white 17. Age at time of this birth: 36 yrs.
18. Birthplace: Summersville Mo.
19. Usual occupation: Housewife
20. Industry or business: None
22. Mother's usual mailing address: 36 West 73rd St. Kansas City Mo.

23. Did child die before labor? yes During labor? —
24. Pregnancy, complications of: Retroplacental hemorrhage
25. Labor: (a) Complications of: — (b) Induced? —
26. (a) Was there an operation for delivery? yes (b) State all operations, if any: Cesarean Section

27. Cause of stillbirth (state only morbid conditions causing fetal death. Do not use such terms as prematurity, asphyxia, etc.):
(a) Fetal causes: —
(b) Maternal causes: Retroplacental hemorrhage
28. I hereby certify that I attended the birth of this child who was born dead at the hour of 11:30 a.m. on the date above stated.
Signature: Don Carlos Gussner M.D.
Address: 717 Professional Bldg

29. (a) Informant: Ben Bayer
(b) Address: 36 West 73rd St. K. C. Mo.
30. (a) Burial, cremation, or removal: Cremation (b) Date: 11/10/39
(c) Place of burial or cremation: Research Hospital
31. (a) Signature of funeral director: M. F. Britten M.D.
(b) Address: Research Hospital

32. (a) Statement of local registrar or coroner if physician was not present at stillbirth: —
(b) Signature: _____ Title: _____
33. Date filed with local registrar: Nov 27, 1939
34. Registrar's own signature: M. M. Brown

