

10-39

**AUG 14 1940**  
Registration District No.

399

Primary Registration District No.

1002

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution K.C. General Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 hr 35 min  
(Specify whether In this community years, months or days)

**3. (a) PRINT FULL NAME** WALLACE INFANT 420  
**3. (b) If veteran,** name war ✓  
**3. (c) Social Security** No. ✓

**4. Sex** Fe **5. Color or race** wh  
**6. (a) Single, widowed, married, divorced** Baby  
**6. (c) Age of husband or wife if alive** 7 years 40 years

**7. Birth date of deceased** July (Month) 7 (Day) 40 (Year)

<b>8. AGE:</b>	Years	Months	Days	If less than one day
	0	0	0	1 hr 35 min

**9. Birthplace** Kansas City (City, town, or county) Mo. (State or foreign country)

**10. Usual occupation** Baby

**11. Industry or business**

**MOTHER FATHER**

**12. Name** George Wallace  
**13. Birthplace** Salina (City, town, or county) Ks (State or foreign country)  
Mildred Nelson  
**14. Maiden name**  
**15. Birthplace** Lawrence (City, town, or county) Ks. (State or foreign country)

**16. (a) Informant** Mr George Wallace  
**(b) Address** 1124 Harrison K C Mo

**17. (a) Removal** (b) Date thereof July 9 40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Salina Ks

**18. (a) Signature of funeral director** Jerry Butler  
**(b) Address** 753 Central Ave K C Mo.

**19. (a) July 8, 1940** (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits write "RURAL")  
 (d) Street No. 1134 Harrison K C Mo  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month July day 7th  
 year 1940 hour 9 minute 45 M.

**21. I hereby certify that I attended the deceased from** July 7th 1940, 19\_\_\_\_, to July 7th, 1940, 19\_\_\_\_; that I last saw her alive on July 7th, 1940, 19\_\_\_\_; and that death occurred on the date and hour stated above.

**Immediate cause of death**  
PREMATURITY

**Duration**

Due to 159

Due to \_\_\_\_\_

**Other conditions**  
(Include pregnancy within 3 months of death)

**Major findings:**  
 Of operations \_\_\_\_\_

**Of autopsy** None

**PHYSICIAN**  
 \_\_\_\_\_  
 Underlines the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? 361

**23. Signature** Dr. M. M. Browne (M. D. or other) \_\_\_\_\_  
(Specify type of place) (e) Month of injury  
 While at work? \_\_\_\_\_  
 Address Med. Dir. K.C. Gen. Hosp., K.C. Mo. Date signed \_\_\_\_\_

**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.....

*Russell Dennis*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Russell Dennis*

Licensed Embalmer No.....

*3462*

P. O. Address.....

*Kansas City, 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.