

S. No. 2
-1-4-41
5-17-39
X 26390

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13544**
Registrar's No. **1525**

Registration District No. **399** Primary Registration District No. **1002**

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 No. 1**
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution **9 Hours**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **6019 St. John**
(If rural, give location) **X**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Steinke infant**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M.** **0** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S.** **0**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 30th, 1941**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 hrs.
hr. min.

9. Birthplace **K.C. Mo.** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER { 12. Name **—**
13. Birthplace **—** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Euna Steinke**
15. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**
(b) Address **K.C. Gen. Hospital, K.C. Mo.**
17. (a) **Burial** (b) Date thereof **4-17-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Municipal Cemetery, Lees Mo**

18. (a) Signature of funeral director **W.A. Lohmeyer**

(b) Address **City mortician**

19. (a) **Apr. 16 1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **30th**
year **1941** hour **9** minute **30** P. M.

21. I hereby certify that I attended the deceased from
March 30th 1941 to March 30th 1941
that I last saw him **or** alive on **March 30th 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity**

Due to **159**

Due to **154**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?
0
(Specify type of place) (e) Means of injury _____

23. Signature **Henry R. Howard** (M. D. or other)
Address **Med. Director K.C. Gen. Hospital** Date signed **4-17-41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.