No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17338

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2000

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 or location)
(d) Length of stay: In hospital or institution 1½ hrs. (Specify whether years, months or days)
In this community

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.: 3415 Baltimore (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Davis infant (female)
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: May 7th 1941 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 1½ hr. min.

9. Birthplace: K.C. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: None
11. Industry or business:
MOTHER FATHER
12. Name: Eddie Dereft
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Marjorie Davis
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Record Clerk
(b) Address: K.C. Gen. Hospital
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Municipal Cem. Leeds, Mo.
18. (a) Signature of funeral director: W.A. Lohmeyer
(b) Address: City mortician
19. (a) May 22 1941 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th year 1941 hour 7 minute 15 A. M.
21. I hereby certify that I attended the deceased from 5-7-41, 19__, to 5-7-41, 19__; that I last saw her alive on 5-7-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy: See above

Duration

PHYSICIAN — Underline 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Drury R. Thomas C. (M. D. or other)
Address: Med. Dir. K.C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.