

FILLED OCT 13 1946

Registration District No. 379

Primary Registration District No. 1002

Registrar's No. 3514

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution The Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. 10 days
(Specify whether years, months or days)
In this community Same

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 1/8
(c) City or town Greenwood Mo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R.F.D. #1
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Billie June Sink

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced, or widower Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 22 1940
(Month) (Day) (Year)

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

9. Birthplace Belton Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

12. Name Monte Ray Sink
13. Birthplace Collins Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ella June Sink
15. Birthplace Leavenworth Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Monte Ray Sink
(b) Address Lee Summit Mo.

17. (a) Burial (b) Date thereof 9-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lee Summit Mo.

18. (a) Signature of funeral director J. M. Crow
(b) Address Lee Summit Mo.

19. (a) 9/23/1946 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 22
year 1941 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6-12 1941 to 9-22 1941
that I last saw her alive on 9-22 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus
Congenital
Due to
Due to

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. M. Crow (M. D. or other)
Address Mercy Hospital Date signed 9/23/41

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 H. B. Langford
Licensed Embalmer No. 3833
P. O. Address Lees Summit, 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, fact should be so stated above.