

BUREAU OF THE CENSUS
FILLED OCT 13 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2028

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: Research Hospital
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 1 day
(Specify whether)
- In this community... years, months or days

3. (a) PRINT FULL NAME Babe Koert

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Girl 5. Color or race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 15, 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 10 hr. 22 min.

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

10. Usual occupation Newborn

11. Industry or business _____

12. Name Morris Koert

13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Reid

15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Research Hospital

- (b) Address 23rd & Holmes

17. (a) Cremation (b) Date thereof Sept. 15, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Cremation

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 9/30/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jackson 48
- (c) City or town Kansas City 39
(If outside city or town limits, write "RURAL")
- (d) Street No. 4228 College 0
(If rural, give location)
- (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15th
year 1941 hour 5:30 P. minute _____ M.

21. I hereby certify that I attended the deceased from 8:30 PM 1941, to Sept. 15th 1941
that I last saw her alive on Sept 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Premature Birth
maternal stressed mother

Due to _____

Due to 159

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) (c) Means of injury _____

23. Signature Hubert Meyer (M. D. or other) D.M.B.Address 510 P. Republic Date signed 9/30/41

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30880
Registrar's No. 3634

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Babe Kort

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.....

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Sept 15 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 02 min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
{ 12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....
(b) Address.....

17. (a)..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director Siglerman Jun Home

(b) Address KC Mo

19. (a) 9-30-41 (b) M M Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day.....
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
19.....
that I have a law health certificate on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

Due to.....
Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

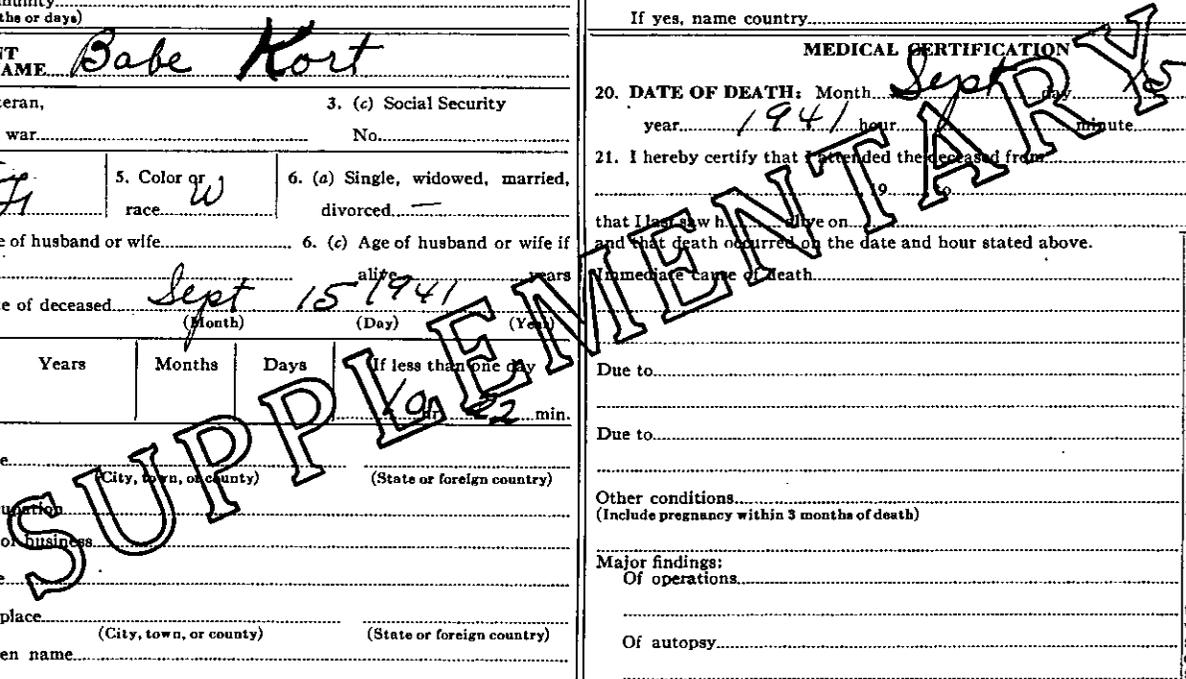
22. If death was due to external causes, fill in the following:

(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..... (M. D. or other).....
Address..... Date signed.....

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



1941
S-30880