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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1068

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 342

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: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1 hr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3 8

(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 440 So. Elmwood
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Infant Avis

3. (b) If veteran, name war — no

3. (c) Social Security No. — no

4. Sex F. 1

5. Color or race Wh

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 Jan. 24, 1942.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
—	—	—	1 hr. 15 min.

9. Birthplace St. Jos. Hospital, Kansas City, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Milton Franklin Avis,
13. Birthplace Trinidad, Colorado 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Heilman,
15. Birthplace K.City, Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Milton Avis
(b) Address 440 S. Elmwood

17. (a) Burial (b) Date thereof 1 /26/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Rose & Henderson
(b) Address 15th & Jackson St.

19. (a) 1-26-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24th.
year 1942 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from Jan 24, 1942 to Jan 24, 1942
that I last saw her alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Atalectisis

Due to Enlarged thymus

Due to Premature 1½ mo.

Other conditions 18
(Include pregnancy within 3 months of death) 19

Major findings:
Of operations

Of autopsy Enlarged thymus
Atalectisis lung.

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 0

23. Signature Hugh A. Gastney (M. D. ~~or other~~)
Address 303 Berthum Bldg. Date signed 1-25-42

(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 Not Embalmed – (Cremation), Registered Apprentice No. ..... working under my personal supervision.

Signed John B. [illegible]

Licensed Embalmer No. 2955

P. O. Address 19 C. [illegible]

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.