

REG. MAR 9 1942 99
Registration District No.

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (c) Name of hospital or institution: **General Hospital #2**
 (d) Length of stay: In hospital or institution **16 hr. 40 min.**
 In this community **16 hrs**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (d) Street No. **General Hospital #2**
 (e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME **INFANT WOOD**
 3. (b) If veteran, name war **—**
 3. (c) Social Security No. **NO**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Jan.** day **27**
 year **1942** hour **10** minute **20** p.m.

4. Sex **Female** 5. Color or race **Negro**
 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 **January 27 1942**

21. I hereby certify that I attended the deceased from **1-27-42**
5:40 a.m. to **10:20 p.m.**
 that I last saw her alive on **January 27 1942**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Asphyxiation secondary to aspiration of amniotic fluid.**

8. AGE: Years Months Days If less than one day
16 hr. 40 min.

Due to **16/a**
 Due to **—**
 Other conditions **—**
 (Include pregnancy within 3 months of death)

9. Birthplace **Kansas City Missouri**
 10. Usual occupation **Infant**

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings: Of operations **—**
 Of autopsy **—**

MOTHER FATHER
 11. Industry or business **—**
 12. Name **Sam Wood**
 13. Birthplace **—**
 14. Maiden name **Mildred Basey**
 15. Birthplace **Missouri**

16. (a) Informant **Record Clerk**
 (b) Address **General Hospital No. 2**
 17. (a) **Burial** (b) Date thereof **2-4-42**
 (c) Place: burial or cremation **—**
 18. (a) Signature of funeral director **—**
 (b) Address **—**
 19. (a) **2-2-42** (b) **M. M. Crowe**

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? **—**
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 23. Signature **—** (Specify type of place) **—**
 Address **—** (e) Means of injury **—**
 Date signed **2-2-42**

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.