

FILED JAN 21 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Trinity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hrs.
In this community 7 hrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Kansas City Kansas
(If outside city or town limits, write "RURAL")
(d) Street No. 79th & Sunset Drive
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles E. Little

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased December 31 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 7 hr. 8 min.

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

10. Usual occupation infant

11. Industry or business _____

12. Name Wilfred C. Little

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

14. Maiden name Virginia Lutz Little

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

16. (a) Informant Wilfred C. Little

(b) Address 79th & Sunset Drive

17. (a) Cremation (b) Date thereof 1-5-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 1-4-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 1
year 1943 hour 8:10 minute A. M.

21. I hereby certify that I attended the deceased from DEC. 31, 1942 to JAN. 1, 1943
that I last saw him alive on JAN. 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity with atelectases & multiple fetid hemorrhages
Due to _____
Due to _____
(159)

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

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Eugene W. Terquist (M. D. or other) _____
Address _____ Date signed _____

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

MOTHER FATHER

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.