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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16982

Registrar's No. 2135

1. PLACE OF DEATH: Jackson

(a) County Kansas City

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ~~Home~~ 3123 Highland (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Home (Specify whether years, months or days) In this community I Year

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 8

(d) Street No. 3123 Highland (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME Kathleen Ann Huff

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 21 (Day) 1942 (Year)

8. AGE: Years I Months 0 Days I5 If less than one day hr. min.

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

10. Usual occupation infant

11. Industry or business

FATHER

12. Name Otis H. Huff

13. Birthplace Kansas City Mo (City, town, or county) 0 (State or foreign country)

MOTHER

14. Maiden name Edna Hart

15. Birthplace Linn Creek Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Otis H. Huff

(b) Address 3123 Highland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8th 43 (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hill

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood

19. (a) 5-8-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th year 1943 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 4th 1943, to May 6th 1943 that I last saw her alive on May 5th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Bronchial Pneumonia — Duration 2 days

Due to Immature at birth Spina Bifida with Hydrocephalus

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

157B

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 S. D. Kamey (M. D. or other) DO

Address 900 Benton K.C. Mo Date signed 5-7-43

(Licensed Embalmer's Statement on Reverse Side) Phone Ch 5391

Dr S.D. Ramey
900 Benton Blvd
Phone CH 5391

10 to 12 - 1 to 2
6 to 9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ not embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Chas Wilks.....

Licensed Embalmer No.....2644.....

P. O. Address.....1800 Linwood.....

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.