

**FILED**  
AUG 14 1943

Registration District No. **149**

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**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**General Hospital #2**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 day**  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **INFANT GILYARD**  
**3. (b) If veteran,** name war **no**  
**3. (c) Social Security** No. **none**

**4. Sex** **Female** **5. Color or** **3** **Negro** **6. (a) Single, widowed, married,** **0** **divorced** **Single**  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
 alive \_\_\_\_\_ years  
**7. Birth date of deceased** **July 4 1943**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<b>1</b>	_____ hr. _____ min.

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

**10. Usual occupation** **infant**

**11. Industry or business** \_\_\_\_\_  
**MOTHER FATHER**  
**12. Name** **unknown**  
**13. Birthplace** \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Martha Robinson**  
**15. Birthplace** **unknown**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Record Clerk**  
**(b) Address** **General Hospital #2**

**17. (a) Burial** **(b) Date thereof** **8-2-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Lead**

**18. (a) Signature of funeral director** **W. A. Johnson**  
**(b) Address** **City, Missouri**

**19. (a) 8-2-43 (b) C. Brown**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2335 E. 25th St.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **July** day **4**  
 year **1943** hour **9:30** minute **P** M.

**21. I hereby certify that I attended the deceased from** **July 4**, 19 **43** to **July 4**, 19 **43**  
 that I last saw **her** alive on **July 4**, 19 **43**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Premature Birth** **Duration** \_\_\_\_\_  
**Syphilis**  
**309**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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)  
 (d) Means of injury \_\_\_\_\_

**23. Signature** **W. A. Johnson** (M. D. or other)  
**Address** **Gen. Hosp #2 - 602 622** **Date signed** **8-1-43**

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**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.**