

ED AUG 6 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, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
FAIRMOUNT HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 3 days
years, months or days)

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. 1414 E 27
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME BABY HICKMAN

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

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SO

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

7. Birth date of deceased JULY 21 1943
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 3
If less than one day hr. min.

9. Birthplace KANSAS CITY MO.
(City, town, or county) (State or foreign country)

10. Usual occupation X infant

11. Industry or business X

12. Name RAYMOND VAN HERCKE

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

14. Maiden name JEANETTE HICKMAN

15. Birthplace KANSAS CITY MO.
(City, town, or county) (State or foreign country)

16. (a) Informant M. D. M. Hickman

(b) Address P.O. Shawnee Kan

17. (a) Burial (b) Date thereof July-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director A.P. Doshier

(b) Address 1415 E 15 City

19. (a) 7-24-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 24
year 1943 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from JULY 21
1943 to JULY 24 1943
that I last saw h.e.r. alive on July 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Gastro-enteritis
Prematurity
Due to 1190²
Other conditions (Include pregnancy within 3 months of death)

Duration

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) (e) Means of injury

23. Signature Fred R. Kiger (M. D. or other)
Address 510 PROFESSIONAL BLDG. Date signed 7-24-43

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.