

FILED SEP 28 1943
Registration District No. **19439**

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:
Trinity Lutheran Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 hours (Specify whether
 In this community 9 hours years, months or days)

3. (a) PRINT BABY MECKLENBURG
 FULL NAME
 3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Male 5. Color or Race Wh 6. (a) Single, widowed, married, divorced, Sgl
 6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased September 12, 1943
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>00</u>	<u>0</u>	<u>0</u>	<u>9</u> hr. <u> </u> min.

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

10. Usual occupation infant

11. Industry or business
 MOTHER FATHER { 12. Name Alvin Mecklenburg
 13. Birthplace Iola Kansas
 (City, town, or county) (State or foreign country)
 14. Maiden name Ella Whinnery
 15. Birthplace Menomonee Wisconsin
 (City, town, or county) (State or foreign country)

16. (a) Informant Alvin Mecklenburg
 (b) Address R#5 North Kansas City

17. (a) Burial (b) Date thereof 9-13-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J.W. Wagner
 (b) Address Kansas City, Mo.

19. (a) 9-13-43 (b) J.E. Brown, Dep.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town North Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. St. Rt. 5 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th
 year 1943 hour 11:00 minute P. M.
 21. I hereby certify that I attended the deceased from Sept. 12 1943
 that I last saw him alive on Sept. 12 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurely
6 months pregnancy
Early labor -
Caesarean section
 Due to
 Due to
 Other conditions (include pregnancy within 3 months of death)

Major findings: 159
 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) (c) Means of injury
 23. Signature Eugene K. Ferguson (M. D. or other)
 Address Date signed

11-1020
Proof by 1103 Standard

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 Cecil P. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, Mo

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.