

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

NOV 1 1943

State File No. 4345

Registration District No. 149

Primary Registration District No. 1002

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Hours
" (Specify whether 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. 4108 E. 6th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Infant Gulick

(b) If veteran, name war No

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 10, 1943 to Oct 11, 1943 that I last saw him alive on Oct 10 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

(b) Name of husband or wife _____

(c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Oct. 10, 1943
(Month) (Day) (Year)

Immediate cause of death: Prematurely born baby

Due to: Premature rupture of membranes

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years _____ Months _____ Days _____ If less than one day 9 hr. 15 min.

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation None

11. Industry or business _____

12. Name Irwin E. Gulick

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

14. Maiden name Sophia Robinson

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

16. (a) Informant Mrs. Mae Harcum

(b) Address 4121 E. 6th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 2825 Independence Blvd, Kansas City, Mo

19. (a) 10-12-43 (Data received local registrar)

N. E. Brown (Registrar's signature)

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? _____

23. Signature Reginald H. Ferguson (Specify type of place) (c) Means of injury _____
(M. D. or other) M.D.

Address 933 1/2 W. 13th St. Date signed 10-11-43

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.