

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4416

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 No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In-hospital or institution 4 days
(Specify whether years, months or days)

In this community 4 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. 1510 Michigan
(If rural, give location)

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

3. (a) PRINT FULL NAME INFANT LLOYD

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1943 hour 6: minute 55 A. M.

21. I hereby certify that I attended the deceased from 10-9-43
19 to 10-13-43 19
that I last saw him alive on 10-13-43 19
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased October 9, 1943
(Month) (Day) (Year)

Immediate cause of death Prematurity

Due to _____

Due to 159

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

8. AGE: Years Months Days If less than one day
4 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 Ernest Lloyd

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

14. Maiden name Callie Trigg

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 10/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Mathias Biss

(b) Address 1729 Lydia Avenue

19. (a) 10-18-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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)
(e) Means of injury _____

23. Signature [Signature] (M, D, or other) M, D
Address General Hosp. No. 2 Date signed 10-14-43

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

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. 39901

P. O. Address 2583 Highland

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.