

FILED FEB 10 1944

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 492

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:
K. C. General Hospital No. 10
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 days
 (Specify whether years, months or days) 25 days

3. (a) PRINT FULL NAME Stair Infant

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, single
 6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 3 1944
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 25 If less than one day _____ 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 Dean Stair
 13. Birthplace Wellington, Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Marilene Everest
 15. Birthplace R.C. Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
 (b) Address K. C. General Hospital No. 1

17. (a) Removal (b) Date thereof 1/29/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Mo

18. (a) Signature of funeral director Wm. H. Brown
 (b) Address 2315 Remond

19. (a) Jan 30 1944 (b) W. E. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 33
 (c) City or town Salem Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 28
 year 1944 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from January 3, 1944 to January 28, 1944
 that I last saw her alive on January 28, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature- Obstruction of bowel

Due to _____
 Due to _____

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

PHYSICIAN _____
 Major findings: _____
 Of operations _____
 Of autopsy None
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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 W. E. Upsher (M. D. or other) M.D.
 Address Med. Dir. Gen'l Hosp. Date signed 1-28-44

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.....

Roy E Snow

Licensed Embalmer No.....

2560

P. O. Address.....

RC ms

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.