

No. 2
-5-42
5-17-39
X32873

State File No.

Registrar's No.

FILED MAY 11 1949
Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County: **Jackson**

(b) City or town: **Kansas City, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2521 East 48th Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **XX** **5** **min.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Jackson**

(c) City or town: **Kansas City, Missouri**
(If outside city or town limits, write "RURAL")

(d) Street No.: **2521 East 48th S. Terrace**
(If rural, give location)

(e) Citizen of foreign country? **XX** (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: **Infant Hathaway**

3. (b) If veteran, name war: **XX no** 3. (c) Social Security No.: **None**

4. Sex: **Male** 5. Color or race: **White**

6. (b) Name of husband or wife: **XX** 6. (a) Single, widowed, married, divorced: **XX** **0**

6. (c) Age of husband or wife if alive: **XX** years

7. Birth date of deceased: **May 3, 1944**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
hr. **5** min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3**
year **1944** hour **7** minute **30** A. M.

21. I hereby certify that I attended the deceased from **5-3-44**, 19, to **5-3-44**, 19, and that death occurred on the date and hour stated above.

Immediate cause of death: **Prematurity (5 months)**

Due to:

Due to:

Other conditions:

Major findings: **159**

Of operations:

Of autopsy:

PHYSICIAN:

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

10. Usual occupation: **XX infant**

11. Industry or business:

12. Name: **Loy Hathaway**

13. Birthplace: **Henryetta, Okla.**
(City, town, or county) (State or foreign country)

14. Maiden name: **Daisy Label Rodgers**

15. Birthplace: **Okla.**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Loy Hathaway**
(b) Address: **2521 East 48th Terrace**

17. (a) **Burial** (b) Date thereof: **5-3-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Mt. St. Mary's**

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

19. (a) **5-5-44** (b) **D. E. Brown**
(Date received local registrar) (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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(e) Means of injury:

23. Signature: **Ind. P. Lowrey** (M. D. or other)

Address: **1005 Grand K.C. Mo.** Date signed:

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.....

Was not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed *Cecil R. 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.