. S. No. 2
00M—2-43
ev. 5-17-39
-I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18224

State File No.

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 136

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town ~~Kansas City~~ Indep.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Indep. Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr (Specify whether
In this community 1 hr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town 3000 Sterling Rural
(If outside city or town limits, write "RURAL")
(d) Street No. ~~Indep.~~ Blue Twp.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Infant of Harry L Edelblute
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 15 (Day) 1944 (Year)

8. AGE:	Years	Months	Days	If less than one day
	—	—	—	2 hr. 50 min.

9. Birthplace Independence (City, town, or county) Missouri (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name Harry L. Edelblute
13. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Nedra Norine McFall
15. Birthplace Highland (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Harry L Edelblute
(b) Address 3000 Sterling
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah
18. (a) Signature of funeral director Mrs C E Foster
(b) Address 918 Brooklyn Kansas City Mo.
19. (a) 5/15/44 (Date received local registrar) (b) James W Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1944 hour 4:20 minute A. M.
21. I hereby certify that I attended the deceased from May 15 1944, 19, to May 15, 1944 that I last saw her alive on May 15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis
Due to Prematurity 6½ months
Due to
Other conditions (Include pregnancy within 3 months of death) 159
Major findings: Of operations none
Of autopsy none

Duration

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Harold V. Woods M.D. (M. D. or other)
Address 11037 Winner Road Independence Mo Date signed 5-15-44

1165

(Licensed Embalmer's Statement on Reverse Side)

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

Did Not Embalm, 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.