

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: Childrens Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 hr
(Specify whether years, months or days)

In this community 2 hrs 45 min
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 89

(c) City or town Richmond
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 1

3. (a) PRINT FULL NAME Paul Kenneth Minnick

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1944 hour 3 minute 15 pm

4. Sex M 5. Color or race white

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased: July 8 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12:30 pm 7-14-44 19 to 3:30 am 7-14-44
that I last saw him/her alive on 7-14-44 19
and that death occurred on the date and hour stated above.

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

Immediate cause of death: Prematurity

Duration: 6 days

9. Birthplace: Richmond mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Child

Due to: _____

Due to: 159

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

MOTHER {

11. Industry or business _____

12. Name: Floyd Minnick

13. Birthplace: unknown
(City, town, or county) (State or foreign country)

14. Maiden name: McZel unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant: Doep Records

(b) Address: Mc no

17. (a) Removal (b) Date thereof: 7-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Richmond, Mo

18. (a) Signature of funeral director: Blackman

(b) Address: Mc no

19. (a) 7-14-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations: _____

Of autopsy: _____

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: A. C. Horvitz Jr (M. D. or dentist)
Address: Childrens Mercy Hospital Date signed: 7/14/44

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

4838

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 *Robert B. Walker*
Licensed Embalmer No. 2247
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.