

FILED AUG 9 1944

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

3090

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kan City, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St Marys Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 min
 (Specify whether
 In this community 30 min
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 999
 (c) City or town Olathe 14
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 2

3. (a) PRINT FULL NAME Premature Phouenell

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 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 July 25 1944
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
 hr. 30 min.

9. Birthplace K.C. Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business _____

12. Name Vernon A. Thouenell
 13. Birthplace Altoona Kans
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Zinn
 15. Birthplace Mo 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Vernon A. Thouenell
 (b) Address Olathe, Kans

17. (a) Removal (b) Date thereof July 26 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olathe Mo

18. (a) Signature of funeral director Marshall Frye
 (b) Address Olathe, Kans

19. (a) 7-26-44 (b) P. E. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7-25 day 25
 year 1944 hour 10:15 minute PM M.

21. I hereby certify that I attended the deceased from July 25 1944 to July 25 1944
 that I last saw him live on July 25 1944
 and that death occurred on the date and hour stated above. 25 1944

Immediate cause of death Premature - lived about 30 minutes
 Duration _____

Due to premature birth

Due to 159

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

Major findings: Of operations _____

Of autopsy None

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 W. J. Jones, M.D. (M.'D. or other) _____
 Address Olathe, Kans Date signed 7-26-44

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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.....

W. G. Foye to Mr......, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Martin W. Frye*.....

Licensed Embalmer No..... *3615*.....

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.