

FILED SEP 22 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3655

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. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr. 13 min.
(Specify whether _____)
In this community Same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 7212 College
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Inf Lambert Holmes

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

4. Sex Female 5. Color and race White 6. (a) Single, widowed, married, divorced Inf

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 7 - 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 13 hr. _____ min. If less than one day

9. Birthplace Kansas City (City, town, or county) MO (State or foreign country)

10. Usual occupation infant

11. Industry or business _____

12. Name Paul M. Holmes

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

14. Maiden name Pauline Elizabeth Johnson (State or foreign country)

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

16. (a) Informant Reginald Clark

(b) Address 706 Gen. Hosp

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 21 - 44
(Month) (Day) (Year)

(c) Place: burial or cremation St. Marias

18. (a) Signature of funeral director Wm A. Johnson

(b) Address City

19. (a) 9-9-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 8 1944
year. 1944 hour 4 minute 10 P.A.M.

21. I hereby certify that I attended the deceased from September 7 1944 to September 8 1944;
that I last saw her alive on September 8 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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? _____

(c) Means of injury _____ (Specify type of place) _____

23. Signature A. E. Werner (M. D. or other) _____

Address Med. Dir. Gen'l Hosp. Date signed 9-9-44

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

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.