

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo
(c) Name of hospital or institution Lakeside Hospital
(d) Length of stay: In hospital or institution 10 days
In this community 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(d) Street No. 4319 Walnut
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME Infant (No Name) Greenwell
3. (b) If veteran, name war NO 3. (c) Social Security No. none

20. DATE OF DEATH: Month 10 day 12 year 1944 hour 9 minute 30 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 12 1944

21. I hereby certify that I attended the deceased from 5:10 PM 10-12 - 1944 to 9:30 PM 10-13 1944 that I last saw her alive on 10-12 1944 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day 4 hr. min

Immediate cause of death Respiratory failure
Due to Premature birth (6 months)
Other conditions _____
Major findings: 159
Of operations _____
Of autopsy _____

9. Birthplace Kansas City Mo (City, town, or county) (State or foreign country)
10. Usual occupation infant
11. Industry or business _____

MOTHER FATHER { 12. Name Dewey Greenwell
13. Birthplace Near Louri City Missouri (City, town, or county) (State or foreign country)
14. Maiden name Mildred Elder
15. Birthplace Louri City Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Kansas City Miss Dewey Greenwell
(b) Address 4319 Walnut

17. (a) Burial (b) Date thereof 10-13-44
(c) Place: burial or cremation Landoner Cemetery
18. (a) Signature of funeral director H. C. Austin
(b) Address Louri City Mo

19. (a) 10-18-44 (b) J. 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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Paul E. Forney (M. D. or other) DO
Address 6226 E. 15th St. K.C. Mo Date signed 10-12-44

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 Not Embalmed
Infant....., Registered Apprentice No.....
~~working under my personal supervision.~~

Signed..... H. C. Austin.....

Licensed Embalmer No. 3609.....

P. O. Address Louis 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.