

FILED NOV 13 1944

4255

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lake Side Hospital
(If not in hospital or institution, write street number or location) Dr. 0

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days 1 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Indep
(If outside city or town limits, write "RURAL") 48

(d) Street No. 702 Wiley (If rural, give location) 4

(e) Citizen of foreign country? _____ (Yes or No) 4

If yes, name country _____

3. (a) PRINT FULL NAME Baby Hedrick

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 23rd, year 1944 hour _____ minute 45 P. M.

4. Sex male 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: Oct 23 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from delivery to death, 19____ to _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity 6 mo. 44

Duration _____

8. AGE: Years _____ Months 0 Days 0 If less than one day _____ hr. 30 min.

Due to lack of viability

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

Due to _____

10. Usual occupation _____

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

11. Industry or business Infant

Major findings: 159

12. Name Gale Hedrick

Of operations _____

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

Of autopsy _____

14. Maiden name Jessie Pearl

15. Birthplace Wersolles Missouri
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Gale Hedrick

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

(b) Address Independence, Mo

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

17. (a) Burial (b) Date thereof 10-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Woods Grove

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (c) Signature of funeral director George E. Brown

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address Independence, Mo

While at work _____ (Specify type of place) (Specify means of injury)

19. (a) 10-24-44 (b) T. E. Brown (V.B.)
(Date received local registrar) (Registrar's signature)

23. Signature J. L. Schick (M. D. or other) 3

Address 2501 Elva Date signed 10/24/44

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

4938

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..... *Floyd C. Carson*.....

Licensed Embalmer No. *4199*.....

P. O. Address *Independence, 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.