V. S. No. 2
100M—5-43
Rev. 5-17-39

[redacted] I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

[redacted] STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33446
State File No.

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 3984

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: General Hospital# 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)
In this community: 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 47
(c) City or town: Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 2304 Vine Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Baby Brenda ~~Kidd~~ Streeter

3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: 3 Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September 3, 1944 (Month) (Day) (Year)

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

9. Birthplace: Kansas City, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: None
11. Industry or business:

FATHER
12. Name: ~~Sammie Kidd~~
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Maxine Streeter
15. Birthplace: Kansas City, Kansas (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. John Streeter
(b) Address: 2304 Vine Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/3/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery
18. (a) Signature of funeral director: Matheus Bros.
(b) Address: 1729 Lydia Avenue
19. (a) 10-4-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9 year 1944 hour minute M.
21. I hereby certify that I attended the deceased from Deputy Coroner 19..; that I last saw him alive on 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature Birth	
Traumatic Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: See above

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): 9-3-44 123
(b) Date of occurrence: 9-3-44
(c) Where did injury occur? K. C. Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury: Fall
23. Signature: J. Richardson (M. D. or other)
Address: 1832 Paseo Date signed: 9-12-44

(Licensed Embalmer's Statement on Reverse Side)

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 C Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.