

FILED DEC 22 1944
149

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4992

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" (and name of township))
(c) Name of hospital or institution: St. Vincent's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hr. (Specify whether
In this community 3 hr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL")
(d) Street No. St Vincent's Hospital
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Infant Whittamar

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased 12-11-44
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr. min.

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

10. Usual occupation infant

11. Industry or business _____

12. Name Ernie Whittamar

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

14. Maiden name Rose Blasco

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

16. (a) Informant St Vincent's Hospital

(b) Address 3210 E 23rd St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-44 (Month) (Day) (Year)

(c) Place: burial or cremation St Mary

18. (a) Signature of funeral director J W Wagner

(b) Address Kansas City Mo

19. (a) Dec 4, 1944 (Date received local registrar) (b) J B Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7 year 44 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from 12-4-44 to 12-4-44 that I last saw h.e.v. alive on 12-4-44 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity H: 3:00 7:20 A

Due to Twin pregnancy

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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 _____
(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 J B Brown (M. D. or other) _____
Address 1005 Grand Ave, K.C. Mo. Date signed 12-4-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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.....

No Embalming, Registered Apprentice No.....
working under my personal supervision.

Signed *Alvin R. Hunschell*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City*

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.