

S. No. 2  
M-2-43  
5-17-39  
X3567

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUL 17 1945** STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **23050**  
Registrar's No. **2794**

Registration District No. **149** Primary Registration District No. **1002**

**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 Joseph Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 Days**  
(Specify whether  
in this community **8 Weeks**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3108 Linwood Blvd**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

**3. (a) PRINT FULL NAME** **BABY DAVID JOSEPH LAMMERS**  
**3. (b) If veteran,** name war **None**  
**3. (c) Social Security** No. **None**

**4. Sex** **Male** **0** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Single**  
**6. (b) Name of husband or wife** **Infant** **6. (c) Age of husband or wife if** **live** **--- years**  
**7. Birth date of deceased** **June 24th 1945**  
(Month) (Day) (Year)

**8. AGE:** Years **000** Months **000** Days **8** If less than one day  
hr. min.

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

**10. Usual occupation** **Infant**

**11. Industry or business** **Baby**

MOTHER FATHER

**12. Name** **Walter F. Lammers**

**13. Birthplace** **Cooper Co Missouri**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Alme Louise Schuster**

**15. Birthplace** **Cooper Co Missouri**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mr Walter Lammers**

**(b) Address** **3108 Linwood Blvd**

**17. (a) Removal** (b) Date thereof **July 3-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Pilot Grove, Missouri**

**18. (a) Signature of funeral director** **Melody-McGilley-Eyer**

**(b) Address** **Kansas City Missouri**

**19. (a) 7-3-45** (b) **Sheldine Holmes**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **July** day **2nd**  
year **1945** hour **1:45** minute **P.** M.

**21. I hereby certify that I attended the deceased from** **June 24, 1945 to July 2, 1945**  
that I last saw him **alive on July 2, 1945**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Sclerema**  
**Prematurity + twin**  
**congenital atelectasis**  
Due to **Duration 6 days birth**

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

**Major findings:**  
Of operations  
Of autopsy **Perforation greater curvature**  
**(necrotic - not feeding done)**  
**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)  
(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?

(Specify type of place)  
While at work (e) Means of injury

**23. Signature** **George V. Herriman** (M. D. or other)  
Address **1107 Infant Blvd** Date signed **7/9/45**

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..... 2289  
P. O. Address..... 150

**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.**