

FILED SEP 19 1945  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 3595

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: Lake side Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 hrs (Specify whether  
In this community 4 hrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 800 E 41st St 8  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29  
year 1945 hour 3:11 minute 00 A.M.  
21. I hereby certify that I attended the deceased from Birth  
Aug 28, 1945, to Aug 29, 1945,  
that I last saw him alive on Aug 29, 1945,  
and that death occurred on the date and hour stated above.  
Immediate cause of death Atelectasis Dyspnea  
7 hrs

3. (a) PRINT FULL NAME

Baby Boy Erwin

3. (b) If veteran, name war \_\_\_\_\_

no

3. (c) Social Security No. none

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 Aug, 28, 1945  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>1</u>	<u>3 hr. 48 min.</u>

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

10. Usual occupation infant

11. Industry or business \_\_\_\_\_

12. Name George Lee Erwin

13. Birthplace Carrollton Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Bernice Dowling

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

16. (a) Informant Father

(b) Address 800 E 41st St

17. (a) Removal (b) Date thereof 8-29-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carroll Co. Mo

18. (a) Signature of funeral director Stanley's Funeral Home

(b) Address Carrollton Mo

19. (a) 8-29-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

Due to Prematurity

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 19  
15

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 plane) \_\_\_\_\_ while at work. (e) Means of injury \_\_\_\_\_

23. Signature J.F. Teare (M. D. or other) MO

Address 3700 Troost Date signed 8-29-45

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

MOTHER FATHER

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**