

FILED SEP 20 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

3647

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: Children's Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Hrs.
In this community 23 Hrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 27
(c) City or town Booneville, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. General Delivery
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2
year 1945 hour 5:00 minute P. M.
21. I hereby certify that I attended the deceased from 9-1, 1945, to 9-2, 1945

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Fever, Chronic Heart Failure, Endocarditis, Chronic

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92

Major findings: Of operations _____

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) (e) Means of injury

23. Signature H. M. Kelly (M. D. or other) W. 24 Prof. Bldg Date signed

3. (a) PRINT FULL NAME Land, Lorene Dorris

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race W. 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 February 8, 1941 (Month) (Day) (Year)

8. AGE: Years 4 Months 6 Days 24 hr. min.

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

10. Usual occupation Child

11. Industry or business

12. Name Arthur Sand

13. Birthplace Mountain View Arkansas (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Mc Cormack

15. Birthplace Union Ark (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Sand

(b) Address Boonville Mo.

17. (a) Burial (b) Date thereof 9-5-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boonville, Mo.

18. (a) Signature of funeral director Stegner Koenig

(b) Address Boonville Mo.

19. (a) 9-2-45 (b) Geraldine Helmsa (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

361

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.