

FILED JAN 14 1946

Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Kansas City Mo
(c) Name of hospital or institution: Children's Mercy Hospital
(d) Length of stay: In hospital or institution 10 1/2 hrs.
In this community 10 1/2 hrs.

3. (a) PRINT FULL NAME Norma Jean Pickens

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

4. Sex Female 5. Color or race White 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 June 11 1933

8. AGE: Years 12 Months 26 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Kansas City Mo

10. Usual occupation School

11. Industry or business _____

12. Name Hugh H. Pickens Sr.
13. Birthplace Dawson Mo.
14. Maiden name Chas B. Hamner
15. Birthplace Epstein Springs Mo.

16. (a) Informant Father
(b) Address Liberty Mo R. 2
17. (a) Burial (b) Date thereof 12-19-45
(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Morton Funeral Home
(b) Address North Kansas City Mo
19. (a) 12-18-45 (b) Geraldine Holmes

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay
(c) City or town Liberty Mo Rural
(d) Street No. _____
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17
year 1945 hour 6 minute 55 A. M.

21. I hereby certify that I attended the deceased from Dec 16
1945 to Dec 17 1945

that I last saw him alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death Heart Failure

Due to Rheumatic Fever

Due to Mitral Stenosis

Other conditions _____

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? _____
(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 James T. Van Piber MD (M. D. or other) _____
Address 1702 S. Jesse, K.C. 6 Mo Date signed 12-18-45

Duration 3 wks

3 mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *John S. Morton*
Licensed Embalmer No. *4349*
P. O. Address..... *110 W. C. St.*

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.