

FILED JAN 9 1948

Registration District No. 149

Primary Registration District No. 1002

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

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 POLYCLINIC HOSPITAL 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 HOURS  
(Specify whether  
In this community 20 HOURS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4208 - PARK AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LINDA SUE SCALET

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (e) 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 DECEMBER 14 - 1945  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
20 hr. 0 min.

9. Birthplace KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

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

12. Name ANGELO M. SCALET

13. Birthplace PITTSBURG KANSAS  
(City, town, or county) (State or foreign country)

14. Maiden name LENA CIET

15. Birthplace CRAWFORD COUNTY KANSAS  
(City, town, or county) (State or foreign country)

16. (a) Informant MR. ANGELO M. SCALET

(b) Address 4208 PARK AVENUE

17. (a) BURIAL (b) Date thereof DEC 18 - 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. MORIAH CEMETERY

18. (a) Signature of funeral director D. N. Newcomer  
(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 12-17-45 (b) St. Eraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 15<sup>TH</sup>  
year 1945 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from DEC 14<sup>th</sup>  
1945 to DEC 15<sup>th</sup> 1945.  
that I last saw her alive on DEC 15<sup>th</sup> 1945.  
and that death occurred on the date and hour stated above.

Immediate cause of death  
premature Birth  
6 months  
Due to Cerebral Section  
necessitated by  
Cardio-Renal Condition  
+ Eclampsia  
Other conditions  
(Include pregnancy within 3 months of death)  
15-9

Major findings:  
Of operations 15-9  
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 0  
23. Signature Anthony J. Finica (M. D. or other)  
Address 624 N. Independence Blvd. Date signed 12-17-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

10-162  
Cady Clinic Hospital  
St. Louis, Mo.

**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 Melvin Miller.....

Licensed Embalmer No. 4487.....

P. O. Address Kansas City, Mo.....

**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.**