

No. 2
 5-17-39
 I X38671

FILED FEB 27 1946
 Registration District No. 149

Primary Registration District No. 1002

State File No. _____
 Registrar's No. 316

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:
dead on arrival at General Hospital # 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 4 Mo. 12 days
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. 1226 Cherry
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Sharon Lee Stout
 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 September 5 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 12 hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation infant

11. Industry or business
 { **MOTHER, FATHER**
 12. Name Claude F. Stout
 13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mildred Lee James
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Claude F. Stout
 (b) Address R.F.D. No. 8, North Kansas City, Mo.
 17. (a) Burial (b) Date thereof 1-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C. L. Forster
 (b) Address 918 Brooklyn
 19. (a) 1-19-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 17
 year 1946 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____
Pathologist, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ **Duration**
Acute tracheobronchitis
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: see above
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?

23. Signature [Signature] Pathologist
(M. D. or other)
 Address General Hospital # 1 Date signed _____
(Specify type of place) (Means of injury)

1273 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.....

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.

10. Usual occupation..... Infant (City, town, or county) (State or foreign country)

11. Industry or business.....

MOTHER FATHER { 12. Name..... Claude F. Stout

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

MOTHER FATHER { 14. Maiden name..... Mildred Lee James

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

16. (a) Informant..... Claude F. Stout

(b) Address..... RFD. no 8 - N. R.C. Mo

17. (a) Burial (b) Date thereof Jan 19 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Green Lawn

18. (a) Signature of funeral director..... Miss C. R. Foster

(b) Address..... 918 Brooklyn

19. (a) 1-19-46 (b) Healdine Holmes
(Date received local registrar) (Registrar's signature)

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

Major findings:
Of operations.....

Of autopsy..... See above

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?
.....

23. Signature..... Clark W. Seely (Specify type of place) (e) Means of injury.....
Address..... Med. Dir. Gen'l Hosp. Date signed..... 1-18-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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. me
working under my personal supervision.

Signed Wm K. Jackson

Licensed Embalmer No. 3959

P. O. Address 918 Brooklyn

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.

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