

No. 2
-5-43
-17-39
X36871

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
FILED JUN 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. 16641
Registrar's No. 2426

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital No. 2
(d) Length of stay: In hospital or institution 5 hrs. 14 min.
In this community 5 hrs. 14 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2504 Paseo
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Brenda Joyce Ford
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7, year 1946 hour 4: minute 30 P. M.
21. I hereby certify that I attended the deceased from May 7, 1946, to May 7, 1946; that I last saw her alive on May 7, 1946; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro 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 May 7, 1946

Immediate cause of death. Prematurity (8 months) Duration

8. AGE: Years Months Days If less than one day 5 hr. 14 min.

Due to...
Due to...
Other conditions: (include pregnancy within 3 months of death)

9. Birthplace Kansas City Missouri

Major findings: Of operations 159
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation None infant
11. Industry or business None

MOTHER FATHER { 12. Name Bennie Ford
13. Birthplace Texarkana Texas
14. Maiden name Anna Moore
15. Birthplace Kansas City Missouri

16. (a) Informant Medical Records Librarian
(b) Address General Hospital No. 2
17. (a) Burial (b) Date thereof 6-4-46
(c) Place: burial or cremation

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?

18. (a) Signature of funeral director
(b) Address
19. (a) 6-1-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature (M. D. or other) Address General Hospital No. 2 Date signed 5/8/46

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Wm A. Schaefer

Licensed Embalmer No.....

3089

P. O. Address.....

110 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.