

No. 2
1-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED MAY 20 1946
STANDARD CERTIFICATE OF DEATH

16687
State File No. _____
2132
Registrar's No. _____

Registration District No. 149 Primary Registration District No. 1003

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day 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. 907 E. 16th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9,
year 1946 hour 4: minute 10 A. M.
21. I hereby certify that I attended the deceased from May
8, 1946 to May 9, 1946
that I last saw her alive on May 9, 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. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 8 1946
(Month) (Day) (Year)

Immediate cause of death Asphixia Duration _____
Due to Probable Atelectasis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 161a
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
20 hr. 49 min.
9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business None
12. Name Lonnie Henry
13. Birthplace Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Australia Kelly
15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Medical Records Librarian
(b) Address General Hospital No. 2
17. (a) Burial (b) Date thereof May 11, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director Fannie R. Meek
(b) Address 1708 E. 19th St. Kansas City, Mo.
19. (a) 5-11-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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) Means of injury _____
23. Signature [Signature] (M. D. or other) M.D.
Address General Hospital No. 2 Date signed 5/9/46

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

MOTHER FATHER

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 Fannie L. Meek.....

Licensed Embalmer No. 3818.....

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.