

S. No. 2
M-543
7-5-17-39
D I X3667

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16875

State File No. _____

FILED MAY 20 1946

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2094

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days hrs.
(Specify whether
In this community 2 hrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 320 1/2 N. 11th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Susan Cheryl Tate

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 May, 8th, 1946
(Month) (Day) (Year)

8. AGE: Years Months Days 2 Hrs
If less than one day _____ hr. _____ min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business _____

12. Name Carl L. Tate

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

14. Maiden name Margaret E. Clever

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

16. (a) Informant Mr. Carl L. Tate

(b) Address 320 1/2 North 11th E. C. K.

17. (a) Burial (b) Date thereof 5-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park K.C.K.

18. (a) Signature of funeral director _____
(b) Address Freeman Mortuary Kansas City, Mo.

19. (a) 5-8-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1946 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from May 8th, 1946, to May 8, 1946.
that I last saw her alive on May 8, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Anoxemia due to strangulation by umbilical cord about 1/2 hr.
Due to Shoulder presentation which tightened cord
Due to 1 caused anoxemia.

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

Major findings: _____
Of operations _____
Of autopsy none

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 _____
Signature Edwin White (M. D. or other) JMO
Address 1032 Prof. Bldg. Date signed 5/8/46

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

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

15757

Dr Edwin C White Prof. Bldg.

No 2332

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..... *Elmer C. Redlin*

Licensed Embalmer No. *3495*

P. O. Address..... *N. C. K.*

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.