

S. No. 2
M-5-43
P. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23853
State File No. _____
Registrar's No. 2970

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: Menorah Hosp
(d) Length of stay: In hospital or institution 11 hrs.
In this community 11 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3335 Benton Blvd.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Baby Tobias
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M Color or race W
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 July 5 1946

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 5, 1946
year 6 hour 45 minute PM M.
21. I hereby certify that I attended the deceased from July 5, 1946 to July 7, 1946
that I last saw him alive on July 5, 1946 and that death occurred on the date and hour stated above.
Immediate cause of death: Atelectasis of Lung

8. AGE: Years Months Days If less than one day
0 0 0 11 hr. min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 1st a
Major findings: Of operations _____
Of autopsy: Atelectasis of Lung

9. Birthplace Kansas City Mo
10. Usual occupation infant

11. Industry or business
12. Name Phillip Tobias
13. Birthplace Chicago Ill
14. Maiden name Betty Lorraine Hurst
15. Birthplace Kansas City Mo

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? _____

16. (a) Informant Phillip Tobias
(b) Address 3335 Benton Blvd
17. (a) Burial (b) Date thereof July 7, 1946
(c) Place: burial or cremation S. Sheffield

23. Signature A. Wangel (M. D. or other)
Address 1103 Green Date signed 7/15/46

18. (a) Signature of funeral director J. P. Wenz Funeral Home
(b) Address 3400 Woodland
19. (a) 7-6-46 (b) Geraldine Holmes

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

22908

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed B. C. Regan

Licensed Embalmer No. 3979

P. O. Address H. C. 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.