No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED AUG 27 1946

STANDARD CERTIFICATE OF DEATH

27223

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3496

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:
Conley Maternity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 hours (Specify whether
In this community 11 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Jackson 48
(c) City or town Kansas City, rural
(If outside city or town limits, write "RURAL")
(d) Street No. 11301 E. 10th. St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Infant Lile
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 August (Month) 10 (Day) 1946 (Year)
8. AGE: Years | Months | Days | If less than one day 11 hrs min.
9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation infant
11. Industry or business
FATHER
12. Name Olin Lile
13. Birthplace Ray County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary Burgess
15. Birthplace Ray County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Mary Lile
(b) Address 11301 E. 10th Street
17. (a) retained (Burial, cremation, or removal) (b) Date thereof 8-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Body retained at Conley Maternity Hospital for Anatomical purposes
18. (a) Signature of funeral director
(b) Address K.C. Mo
19. (a) 8-13-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1946 hour 8 minute 55 am
21. I hereby certify that I attended the deceased from August 9, 1946 to August 10, 1946
that I last saw her alive on August 9, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity at 5½ months	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Ralph Earhart (M.D. or other)
Address 1307 Indep. Ave K.C. Mo. Date signed 8-10-46

(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.....,

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.