

FILED 21 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Joseph Hospital
(d) Length of stay: In hospital or institution 5 days
In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Bates City
(d) Street No. St. Joseph Hospital
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Gary Leroy Milan
(b) If veteran, name war - no
(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9
year 1946 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oct 4 to Oct 9 1946
that I last saw him alive on Oct 9 and that death occurred on the date and hour stated above.

4. Sex M Color or race W
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (c) Age of husband or wife if alive years

Immediate cause of death: Atelectasis & scleroderma

7. Birth date of deceased: Oct. 4 - 46
8. AGE: Years Months Days 5

Duration

9. Birthplace: Kansas City Mo

Due to

10. Usual occupation: infant

Other conditions: 1612

MOTHER FATHER

11. Industry or business
12. Name Roy Milan
13. Birthplace Bates City Mo
14. Maiden name Katherine Schomova
15. Birthplace K.C. Mo

Major findings: Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Roy Milan
(b) Address Bates City Mo
17. (a) Burial (b) Date thereof 10-10-46
(c) Place: burial or cremation Oak Grove Mo
18. (a) Signature of funeral director R.B. Webb
(b) Address Oak Grove Mo
19. (a) 10-11-46 (b) Geraldine Holmes

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?
While at work? (Specify type of place) (c) Means of injury
23. Signature G. H. Hunt (M. D. or other) M.D.
Address 107 Bryant Blvd. K.C. Mo Date signed 10/9/46

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

Signed R.B. Webb

Licensed Embalmer No. 23053

P. O. Address Blue Springs 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.