

FILED JAN 7 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

5436

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:
ST. LUCES CHILDRENS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 MONTHS
(Specify whether
In this community 3 MONTHS
years, months or days)

3. (a) PRINT FULL NAME KATHLEEN RENEE NOWLAND

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 SEPTEMBER 20 - 1946
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>3</u>	<u>5</u>	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 FORREST W. NOWLAND

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

14. Maiden name MARY JANE SAYLES

15. Birthplace NEOSHO COUNTY KANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant Forrest W. Nowland

(b) Address 4836 Campbell St. K.C. Mo

17. (a) BURIAL (b) Date thereof DEC 28 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. V. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 12-27-46 (b) Thereldine Holme
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL.")
(d) Street No. 4836 CAMPBELL STREET 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month DEC. day 25th
year 1946 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from 10-30 1946 to 12-25 1946
that I last saw her alive on 12-25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death diarrhea Duration 2 mo

Due to inability to digest food

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address 722 Plaza Florida Date signed 12-26-46

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K.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.