

FILED JAN 13 1947

Registration District No. _____ Primary Registration District No. 1002

Registrar's No. 5478

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 hr. 35 min.
(Specify whether years, months or days) 9 HOURS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 4432 MICHIGAN AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANCES ISABEL STRATTON

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 DECEMBER 29 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 9 hr. min.

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

10. Usual occupation INFANT

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN D. STRATTON

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

14. Maiden name FRANCES PARSONS

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

16. (a) Informant MR. JOHN D. STRATTON

(b) Address 4432 MICHIGAN AVENUE

17. (a) Burial (b) Date thereof DEC 31 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: buried or cremations: Memorial Park

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

(b) Address 1401 BRUSH GREEN BLDG.

19. (a) 12-30-46 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1946 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec. 29 1946 to Dec. 29 1946
that I last saw her alive on Dec. 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
6 months pregnancy

Due to _____

Due to _____

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

Major findings: Of operations 159

Of autopsy _____

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 Ernie H. Ferguson (M. D. or _____)

Address 9330 Mt. Pkwy Date signed 12-29-46

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 *Bernard L. Loran*.....

Licensed Embalmer No. *4250*.....

P. O. Address *NC 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.