

No. 2
12-45
17-39
X47070

State File No. _____

FILED MAR 3 1947

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 795

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 HRS.
(Specify whether _____)

In this community 30 DAYS
(years, months or days)

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. 1104 TRACY
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SHERYL LOUISE KING

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex FEMALE 3

5. Color or race NEGRO

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 JANUARY 13, 1947
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>1</u>	<u>27</u>	<u>6</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 X 9

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

14. Maiden name MARGARET KING

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

16. (a) Informant MARGARET KING (MOTHER)

(b) Address 1104 TRACY APT. 5

17. (a) Burial (b) Date thereof 2-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th St. Mo.

19. (a) 2-21-47 (b) Geraldine Adams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 19, year 1947 hour 11: minute 15 A.M.

21. I hereby certify that I attended the deceased from FEBRUARY 19, 1947, to FEBRUARY 19, 1947; that I last saw her alive on FEBRUARY 19, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death BILATERAL BRONCHO-PNEUMONIA

Due to _____

Due to _____

Other conditions CONGENITAL SYPHILIS
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 30 f

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 0

23. Signature Drunk (M. D. or other M. D.)

Address GENERAL HOSPITAL NO. 2 Date signed 2/20/47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 A. T. Moore

Licensed Embalmer No. 948

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.