S. No. 2
M—1/47
. 5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28018

FILED AUG 19 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3302

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: Troost Lake 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town Unknown
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Unknown-Pre-Mature-Baby
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex 3 male
5. Color or race Negro
6. (a) Single, widowed, married, divorced .....
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day
unknown ..... hr. ..... min.

9. Birthplace unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation None
11. Industry or business .....
FATHER
12. Name Unknown
13. Birthplace ..... (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) 9 (State or foreign country)
16. (a) Informant Coroner's Office
(b) Address K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem
18. (a) Signature of funeral director E. Sterling Bell
(b) Address 1212 Vine St. K.C. Mo.
19. (a) 8-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 3
year 1947 hour 12 minute 40 P. M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw the deceased alive on Deputy Coroner 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cause Unknown	
Due to	
Due to	
Other conditions Premature Baby (Include pregnancy within 3 months of death)	

Major findings:
Of operations 159
Of autopsy .....

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Unknown
(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 [illegible] (M. D. or other) DIC
Address 2636-Brooklyn Date signed .....

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

8-4-47

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~~ not .....

..... Registered Apprentice No. .....

working under my personal supervision.

Signed E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1312 Vine

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. Body not embalmed as it was pre-mature infant, decomposed had set in.