

-1/47
-17-39

National Office of Vital Statistics
FILED NOV 8 1947/49
Registration District No. _____

Primary Registration District No. **1002**

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

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. 1**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 1/2 hrs.**
(Specify whether years, months or days)
 In this community **5 1/2 hrs.**

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. **4903 Euclid**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Adamson Infant**
 (b) If veteran, name war **no**
 (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 **Oct. 11, 1947**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 hr. 30 min.

9. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **infant**

11. Industry or business _____

12. Name **Willard Adamson**
 13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
 14. Maiden name **Patricia Puttoff**
 15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Resid. Clerk**
 (b) Address **15 E. Gen. West**

17. (a) **Burial** (b) Date thereof **10-29-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **buried**

18. (a) Signature of funeral director **Wm. A. Puttoff**
 (b) Address **City, Missouri**

19. (a) **10-29-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Oct.** day **11**
 year **1947** hour **2** minute **5 P.** M.
 21. I hereby certify that I attended the deceased from **10-11-47**
 that I last saw her alive on **10-11-47**
 and that death occurred on the date and hour stated above.
 Duration _____

Immediate cause of death **Prematurity**
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: **159**
 Of operations _____
 Of autopsy **None**
 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) _____
 (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 **0**
 23. Signature **Wm. A. Puttoff** (M. D. or other) **M.D.**
 Address **Med. Dir. Gen'l Hosp.** Date signed **10-13-47**

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 Embalmed

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

working under my personal supervision.

Signed.....

Wm. A. Johnson

Licensed Embalmer No. *3089*

P. O. Address *15 C MD*

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.