S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 9 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38521

Registrar's No. 5023

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: 1308 E. 16th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 11½ Hours
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. 1308 E. 16th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

48
3
8
0

3. (a) PRINT FULL NAME Infant Words
3. (b) If veteran, name war No
3. (c) Social Security No. No
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 November 26, 1947
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 11½ hr. ..... min.

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Lonnie Words
13. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ernestine Combs
15. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Lonnie Words
(b) Address 1308 E. 16th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/47
(Month) (Day) (Year)
(c) Place: burial or cremation Westlawn Cemetery K-C-K
18. (a) Signature of funeral director Wallace Bros
(b) Address 1729 Lydia
19. (a) 11-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th
year 1947 hour 9 minute 20A M.
21. I hereby certify that I attended the deceased from Nov 26, 1947 to Nov 27, 1947
that I last saw her alive on Nov 27, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	7 mos Pregnancy
Due to Multiple Pregnancy	
Due to	
Other conditions (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)
(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 Eugene P. Chatman (M.D. or other)
Address 2202½ E. 18th St. Date signed 11-28-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 D. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.