S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41722

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 5543

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: Florence Crittendon Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 weeks (Specify whether
In this community: 3 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No.: Florence Crittendon Home 8
(If rural, give location)
(e) Citizen of foreign country?: no. (Yes or No) 0
If yes, name country: x

3. (a) PRINT FULL NAME: Baby Peggy Hollinsworth

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: female 5. Color or race: white 6. (a) Single, widowed, married, divorced: infant

6. (b) Name of husband or wife: x 6. (c) Age of husband or wife if alive: x years

7. Birth date of deceased: December (Month) 9 (Day) 1947 (Year)

8. AGE: Years - Months - ~~Days~~ 22 If less than one day ~~3 weeks~~ hr. min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation: infant

11. Industry or business: x

MOTHER FATHER
12. Name: unknown 4
13. Birthplace: unknown, (City, town, or county) (State or foreign country) 1
14. Maiden name: Patricia Hollinsworth
15. Birthplace: unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant: The Florence Crittendon Home
(b) Address: 3003 Woodland, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 31 year: 1947 hour: 3:00 minute: A M.

21. I hereby certify that I attended the deceased from 12/9, 1947 to 12/30, 1947 that I last saw h. alive on 12/30, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Scleroma	3 wks
Due to	
Due to	
Other conditions: Prematurity 7 mo baby (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 59
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) 0
While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other) MD
Address: Mission Kan. Date signed: 12/31/47

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

Dr. Geo. Naser, No. 0230
5824 Ridge Rd
Minneapolis Mo.
1-30 P.M.

JUN 27 1958

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 .....

Licensed Embalmer No. 1415

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.