

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.....

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: Conley Maternity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
2 Days (Specify whether
In this community
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. 4333 Wayne
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lester Dean Huntsman

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male race White 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 1 - 26 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- - 2hr.min.

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

10. Usual occupation None

11. Industry or business.....

12. Name Kenneth L. Huntsman

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

14. Maiden name Martha L. Real

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

16. (a) Informant Mr. Kenneth L. Huntsman

(b) Address 4333 Wayne

17. (a) Burial (b) Date thereof 1-29-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Mo.

19. (a) 1-29-48 (b) Waldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th
year 1948 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from
Jan. 26, 1948 to Jan. 28, 1948
that I last saw him alive on Jan. 28th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Erithroblastosis fetalis
Due to R.H. Factor incompatibility
of mother and father

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: 10/10
Of operations.....
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?.....

While at work?..... (Specify type of place)

23. Signature Walter W. Swift, M.D. (Physician or other)

Address 710 1/2 Independence Ave Date signed 1-29-48

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

MOTHER FATHER

Lee
Dr. Davidson

Conley Maternity Hosp.

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. _____

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.

not Embalmed