. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 20 1948
Registration District No. 849

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1283
Registrar's No. 144

1. PLACE OF DEATH:
(a) County Jackson.
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Childrens Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3½ Hrs. (Specify whether
In this community 3½ Hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Indep. Mo. 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1704 Willow. 4
(If rural, give location) 1
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Christina Baby Girl Richards
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F
5. Color or race W
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 1 (Month) 8 (Day) 1948 (Year)

8. AGE: Years	Months	Days	If less than one day
4½ Hrs.			4 hr. 30 min.

9. Birthplace Jackson Co. Emergency Hospital (City, town, or county) (State or foreign country)
10. Usual occupation infant
11. Industry or business
FATHER
12. Name Offie Richards
13. Birthplace Texas Co. Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Grace Stella Rice
15. Birthplace Texas Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Father
(b) Address Indep. Mo. 1704 Willow
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove
18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence Mo.
19. (a) 1-10-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8
year 1948 hour 8 minute 30 p.M.
21. I hereby certify that I attended the deceased from Jan 8, 1948, to Jan 8, 1948; that I last saw Pathologist alive on Jan 8, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Atelectasis	
Due to Prematurity	
Due to Same	
Other conditions (Include pregnancy within 3 months of death) 157a	

Major findings:
Of operations
Of autopsy: Hydrocephalus; Brain Defect (lack of Corpus Callosum); Fetal Atelectasis

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 C. H. Schmidt (M. D. or other)
Address St. Luke's Date signed 1-9-48

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

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

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 Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Independence Mo

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.