

FILED MAR 27 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8778

Registrar's No. 1245

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

8308

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: MENORAH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 HOURS
(Specify whether years, months or days)
In this community 18 HOURS

3. (a) PRINT FULL NAME PATRICIA ANN KROB

3. (b) If veteran, name war NO 3. (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 MARCH 17 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 18 hr. min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

12. Name HERBERT R. KROB

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

14. Maiden name FERN WHALEY

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

16. (a) Informant Herbert R. Krob

(b) Address 3616 Flora Avenue

17. (a) Cremation (b) Date thereof MAR. 19. 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director: D. W. Newcomer

(b) Address 1401-BRUSH CREEK BLYD.

19. (a) 3-19-48 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 3616 FLORA AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 18TH
year 1948 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3
17 1948 to 3-18 1948
that I last saw her alive on 3-18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Erythroblastosis fetalis
Due to Mother's Rh Neg.

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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) (e) Means of injury 0

23. Signature Doc P. Lamm M.D. (M. D. or other) _____
Address 61305 Brookside Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

6801 Brookside Plaza
1-5

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 Bernard J. Horan
Licensed Embalmer No. 4250
P. O. Address A.C. 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.