S. No. 300
M—10-47
y. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 24 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 12590

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 1631

48 3 7

WRITE PLAINLY—USE 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: Northeast Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 2 days

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Kansas (b) County: Wyandotte
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 2407 N Mill,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: SHARON KAY GRAVES
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Fem 1
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: S 0
6. (b) Name of husband or wife: --
6. (c) Age of husband or wife if alive: -- years
7. Birth date of deceased: 4/10/48 (Month) (Day) (Year)
8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.
9. Birthplace: Kansas City (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation: -- infant
11. Industry or business: --
MOTHER FATHER
12. Name: Merlin Graves
13. Birthplace: Kansas City, Kans. 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Evelyn Phillips
15. Birthplace: Kansas City Kans. 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Merlin Graves
(b) Address: 2407 Mill, K. C. Kans.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Hope Cemetery K. C. Kans.
18. (a) Signature of funeral director: John P. Sheil
(b) Address: Kansas Cit., Mo.
19. (a) 4-14-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 4 day 12 year 1948 hour 11 minute A M.
21. I hereby certify that I attended the deceased from apr. 10, 1948, to apr. 12, 1948, that I last saw her alive on apr. 12, 1948 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Hemorrhagica neonatorum | 2 days |
| Due to | Unknown |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations: 101 C | |
| Of autopsy | |

PHYSICIAN — Underline the cause to 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: J. J. Topsick (M. D. or other) DO
Address: 6518 Independence Ave Date signed: 4/13/48

(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 Charles E May field # 18, Registered Apprentice No. _____, working under my personal supervision.

Signed John P. Shiel

Licensed Embalmer No. 3625

P. O. Address 16 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.**