

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12994

State File No.

1437

FILED APR 17 1948
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: 4043 Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... unknown.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jackson 48

(c) City or town... Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No... 4043 Main St. 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME... Unknown Infant (Fetus)

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... No Record

6. (c) Age of husband or wife if alive... years

7. Birth date of deceased... No Record
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-------|--------|------|----------------------|
| | | | unknown |

9. Birthplace... No Record
(City, town, or county) (State or foreign country)

10. Usual occupation... infant

11. Industry or business

12. Name... Unknown

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

14. Maiden name... Unknown

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

16. (a) Informant... Deputy Coroner
(b) Address... Court House

17. (a) Burial, cremation, or removal... Burial
(b) Date thereof... 4/2/48
(Month) (Day) (Year)

(c) Place: burial or cremation... Forest Hill Cemetery

18. (a) Signature of funeral director... [Signature]
(b) Address... 20 West Linwood

19. (a) 4-1-48 (Date received local registrar)
(b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... 9th day... Jan
year... 1948 hour... minute... M.

21. I hereby certify that I attended the deceased from... 19... to... 19...
that I last saw h... alive on... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death... Cause unknown - apparently exposure -

Due to... apparently exposure -

Due to...

Other conditions... Deputy Coroner

Major findings... Of operations... 1948

Of autopsy... See above HD

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)... 123

(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) (M.D. or other)

23. Signature... A.E. Wisher (M.D. or other) M.D.
Address... 2800 Main Date signed... 4/1/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City, 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.