No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16395 8

Registrar's No. 2317

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: The Childrens Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hr. (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay 24
(c) City or town North Kansas City 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #487 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Mc Nemee Leo Jerold.
3. (b) If veteran, name war ✓ no
3. (c) Social Security No. none

4. Sex M O
5. Color or race W
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 June (Month) 7 (Day) 1947 (Year)

8. AGE: Years 0 Months 11 Days 24 If less than one day ✓ hr. ✓ min.

9. Birthplace Rearch Hospital (City, town, or county) K.C. Mo O (State or foreign country)
10. Usual occupation Infant
11. Industry or business ✓
FATHER
12. Name Leo Jerold Mc Nemee
13. Birthplace K C Mo (City, town, or county) Jackson (State or foreign country)
MOTHER
14. Maiden name Jean Fausett
15. Birthplace Hazeltown (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Mr. Leo Jerold Mc Nemee
(b) Address RR 487 North K.C. Mo.
17. (a) Remiral (Burial, cremation, or removal) (b) Date thereof 6/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Mo Fairview Cem
18. (a) Signature of funeral director Morton-Smiths F.H.
(b) Address North Kansas City Mo.
19. (a) 6-2-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1948 hour minute M.
21. I hereby certify that I attended the deceased from Coronn, 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 Fractured Skull
Due to Macerated Brain
Due to (Child hit by car backing out of drive way)
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 17 DC
Of autopsy yes as above

Duration

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) accident 24
(b) Date of occurrence 6-1-48
(c) Where did injury occur? Clay Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? about home (Specify type of place)
While at work? no (e) Means of injury Auto Trans Com 3
23. Signature [signature] (M. D. or other)
Address 1424 [illegible] Date signed 6-1-48

Jefferson City Printing Co.

(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 Chester L. Flaniry, Registered Apprentice No. 447, working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.