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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUN 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19520
Registrar's No. 2465

Registration District No. 149

Primary Registration District No. 1002

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: GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS
In this community 4 DAYS
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 46
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 2921 BENTON PLAZA
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME INFANT JACKSON
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 26,
year 1948 hour 5: minute 45 P.M.
21. I hereby certify that I attended the deceased from MAY 22, 1948 to MAY 26, 1948.
that I last saw him alive on MAY 26, 1948, and that death occurred on the date and hour stated above.

4. Sex MALE 2
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced SINGLE
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 22, 1948
(Month) (Day) (Year)

Immediate cause of death GENERALIZED PERITONITIS
POST-OPERATIVE REPAIR OF RUPTURE OF STOMACH (m.m.o.)
Duration

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

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 157 mm.
Of autopsy SAME AS ABOVE

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name ILLEGITIMATE
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name ALICE JACKSON
15. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant ALICE JACKSON (MOTHER)
(b) Address 2921 BENTON PLAZA
17. (a) Burial (b) Date thereof 6-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation

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?

18. (a) Signature of the director
(b) Address
19. (a) 6-12-48 (b) Signature of Registrar
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury
23. Signature (M.D. or other)
Address GENERAL HOSPITAL NO. 2 Date signed 5/28/48

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.....

not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Wm A Robinson*.....

Licensed Embalmer No.....

P. O. Address.....

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.