

FILED JUN 19 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2475

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 #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 hrs 54 min.
(Specify whether years, months or days)

In this community 13 hrs. 54 min.
years, months or days

3. (a) PRINT FULL NAME INFANT MITCHELL

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex FEMALE 5. Color or race NEGRO

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: MAY 2 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 13 hr. 54 min.

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

10. Usual occupation INFANT

11. Industry or business _____

MOTHER FATHER { 12. Name PHILLIP MITCHELL

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

14. Maiden name MAGNOLIA GREEN

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

16. (a) Informant MOTHER: MAGNOLIA MITCHELL

(b) Address 3316 Denver

17. (a) Burial (b) Date thereof 6-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bed # 21

18. (a) Signature of funeral director: [Signature]

(b) Address City, Missouri

19. (a) 6-12-48 [Signature]
(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. 3316 Denver 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 MAY day 3
year 1948 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from MAY
2, 1948 to MAY 3, 1948
that I last saw her alive on MAY 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death PREMATURITY
2 LBS. - 4OZS.

Due to _____

Due to _____

Other conditions 159
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy SAME AS ABOVE

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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

Signature [Signature] (M. D. or other) _____
Address 500 East 22nd Street Date signed 5/5/48

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. Bohmeyer

Licensed Embalmer No. *3089*

P. O. Address. *ITC 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.