

FILED SEP 25 1948 49  
Registration District No. ....

Primary Registration District No. 1062

Registrar's No. 3759

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

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:  
Wheatley Provident Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours  
(Specify whether years, months or days)

In this community 12 hours  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County K Jackson <sup>48</sup>

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

(d) Street No. Wheatley Hospital 2623 E.  
(If rural, give location) 14th St.

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country Poland

3. (a) PRINT FULL NAME Conway Grant Paschall Jr.

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 12  
year 1948 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from September 12 1948 to September 12 1948  
that I last saw him alive on September 12 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 2

5. Color or race Negro

6. (a) Single (b) widowed (c) married (d) divorced

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept 12 48  
(Month) (Day) (Year)

Immediate cause of death Prematurity (7 months gestation)

Due to Delivered by cesarean section because of placenta previa

Other conditions (include pregnancy within 3 months of death)

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

9. Birthplace Kansas City Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business

12. Name Conway Grant Paschall

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

14. Maiden name Amy Diggs

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

16. (a) Informant Conway Grant Paschall

(b) Address 2623 East 24 St Ter

17. (a) Burial (b) Date thereof 9 14 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 1/2 E 14th

19. (a) 9-14-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations juv

Of autopsy       

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) (Specify means of injury)

23. Signature Harper Holmes (M. D. or other)       

Address 1433 E 14th St Date signed 9/13/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Mr R B Fleming

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**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

*J. Manlove*

Licensed Embalmer No.

*3994*

P. O. Address

*3523 Highland*

**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.**