

300
10-47
17-39
I 3908

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 6 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 33027

4303

Registrar's No.

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 hours (Specify whether
In this community wife years, months or days)

3. (a) PRINT FULL NAME

Janet Louise Mynatt

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 1 | 5. Color or race W 6. (a) Single, widowed, married, divorced Singles

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 8 years 1946

7. Birth date of deceased. Nov 8 1946
(Month) (Day) (Year)

8. AGE: Years 1 Months 11 Days 12 If less than one day ✓ hr. ✓ 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 Virgil Mynatt
13. Birthplace Paduach Texas
(City, town, or county) (State or foreign country)
14. Maiden name Thelma Dawson
15. Birthplace Harlem Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil Mynatt
(b) Address Avondale Mo.

17. (a) Burial (b) Date thereof Oct. 22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem. Liberty Mo

18. (a) Signature of funeral director Merton-Smith's F.H.
(b) Address North Kansas City Mo.

19. (a) 10-22-48 (b) St. Pauline Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Avondale
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20
year 1948 hour 5 minute 20 P.M.

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

Immediate cause of death Lipoid Nephrosis Duration 10 months

Due to _____
Due to _____

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

Major findings: 1318
Of operations _____
Of autopsy same

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature C. H. Schmidt B.C.H. Schmidt
(M. D. or other) _____
Address St. Louis, Mo. Date signed _____

200X1948

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

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..... *Theron 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.