

No. 300
-10-47
5-17-39
P I 3908

FEDERAL SECURITY AGENCY
Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33035
3940
Registrar's No. _____

Registration District No. 149

Primary Registration District No. 1002

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days
years, months or days)

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. 3304 Gillham Road
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____ X

3. (a) PRINT FULL NAME Baby Gwendolyn Marie Norton
3. (b) If veteran, name war NO. 3. (c) Social Security No. NO.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 27
year 1948 hour 5:27 minute A. M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased: September 23 1948
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 23, 1948 to Sept. 27, 1948
that I last saw her alive on Sept. 27, 1948
and that death occurred on the date and hour stated above.

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

Immediate cause of death Fetal Atelectasis Duration 4 days
Due to Patent Foramen Ovale 4 days
Due to Patent Ductus Arteriosis 4 days

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: None 1572
Of operations None

10. Usual occupation Infant

11. Industry or business X

12. Name Alfred H. Norton

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

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

14. Maiden name Pauline Hanshaw

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

16. (a) Informant Alfred H. Norton,

(b) Address 3304 Gillham Road, K. C., Mo.

17. (a) removal (b) Date thereof 9-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Girard, Kansas

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-28-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

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?
White at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Herbert G. Davis (M. D. or other) M.D.
Address 201 Plaza Theater Bldg Date signed 9.28.48

(Licensed Embalmer's Statement on Reverse Side) Kansas City, Mo

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

MOTHER FATHER

Dr. Kenneth Davis

Change

Shelton & Blodgett

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.....

William L Anderson

Registered Apprentice No. *259*

working under my personal supervision.

Signed.....

K. J. Stollen

Licensed Embalmer No. *1415*

P. O. Address *19 @ m*

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.