

No. 2
5-43
-17-39
X36671

FILED DEC 4 1948

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4583

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. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 hrs.
(Specify whether years, months or days)

In this community 7 Hrs.

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. 920 Paseo
(If rural, give location)

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

3. (a) PRINT FULL NAME West Infant

3. (b) If veteran, name war Child

3. (c) Social Security No. Child

4. Sex Female / 5. Color or race White

6. (a) Single (widowed, married, divorced) Child

6. (b) Name of husband or wife

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

7. Birth date of deceased: Oct. 31 1948
(Month) (Day) (Year)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1948 hour 10 minute 39 P.M.

21. I hereby certify that I attended the deceased from Oct. 31, 1948 to 10-31, 1948
that I last saw her alive on 10-31, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity
Bilateral atelectasis

Due to

Due to

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

Major findings:
Of operations

Of autopsy See above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Thomas West

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

14. Maiden name Geraldine Vogel

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

16. (g) Informant Mr. Thomas West

(b) Address 920 Paseo: Apt. 206

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-48
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary: K.C. Kan.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place: K.C. Mo.

19. (a) 11-9-48 (Date received local registrar) (b) Geraldine Holmes (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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Wm. W. Hart (Specify type of place) White at work? (e) Means of injury

Address Med. Dir. Gen'l Hosp. (M. D. or other) 11-1-48
Date signed

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

NOV 12 1958

115
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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 Blair E. Weibert
Licensed Embalmer No. 4075
P. O. Address K.C. 8, 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.