S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40182

Registrar's No. 5081

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town KC Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Mary's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hrs. 10 min. (Specify whether
In this community 8 hrs. 10 min
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town KC 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3517 Genesee 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Baby Boy House

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race W

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 December (Month) 13 (Day), 1948 (Year)

8. AGE: Years — Months — Days — If less than one day 8 hr. 10 min.

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

10. Usual occupation new born

11. Industry or business "

FATHER
12. Name Lloyd Albert House
13. Birthplace Lawrence Kans (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Doris Mae Hatch
15. Birthplace Lawrence, Kans (City, town, or county) (State or foreign country)

16. (a) Informant father

(b) Address 3517 Genesee

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

(c) Place: burial or cremation Forest Hill Cem

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

(b) Address 1901 Olathe Blvd K. C. Kans

19. (a) 12-14-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13
year 1948 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from 12-13, 1948, to 12-13, 1948
that I last saw him alive on 12-13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Collapse of Lungs

Due to Multiple Congenital Defects

Due to

Other conditions 161a
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See Above

Duration

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 6

23. Signature H. A. Underwood (M. D. or other) H. A. Underwood MD

Address 4712 1/2 E. 24th St. KCMo Date signed 12-13-48

(Licensed Embalmer's Statement on Reverse Side)

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 Jimmy S. Hutchison

Licensed Embalmer No. 4092

P. O. Address Mission, Kans.

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.