

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5052
State File No. 614

BIRTH NO. 49-007873 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 614

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>	
c. LENGTH OF STAY (in this place) <u>18 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>905 E Pearl St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Lukes Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence</u> b. (Middle) <u>Miller</u> c. (Last) <u>Neis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 10 1949</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Feb 9-1949</u>		9. AGE (In years last birthday) <u>18</u> IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kansas City MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Harry B Neis</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Ethel Miller</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Harry B Neis or Ottamano</u>		ADDRESS <u>Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity = 6 1/2 mo.</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Obstetasis</u>					
		DUE TO (c) <u>Prematurity</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>762.5</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
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22. I hereby certify that I attended the deceased from 2/9, 1949, to 2/10, 1949, that I last saw the deceased alive on 2/9, 1949, and that death occurred at 3:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Cameron F Marshall M.D.</u>		23b. ADDRESS <u>231 W 47th Rd Mo</u>		23c. DATE SIGNED <u>2/10/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Feb 11-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>	
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DATE REC'D BY LOCAL REG. <u>2-10-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ronnenburger</u>		ADDRESS <u>Harrisonville Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
..... Student Embalmer No.
working under my personal supervision.

Student Signed.....
Student Embalmer

Not embalmed

Licensed Embalmer No.....

P. O. Address.....

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.