

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8403

939

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Seawenworth</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Leavenworth, Kans.</u>			
c. LENGTH OF STAY (In this place) <u>1-4-49-3-2-49</u>				d. STREET ADDRESS (If rural, give location) <u>770-3 Scott Av.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Patricia</u>		b. (Middle) <u>Margaret</u>		c. (Last) <u>Hamblin</u>	
4. DATE OF DEATH		(Month) <u>3</u>		(Day) <u>2</u>		(Year) <u>49</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>		8. DATE OF BIRTH <u>11/8/48</u>		9. AGE (In years last birthday) <u>3 1/2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Hamblin</u>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>William Hamblin Seawenworth</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus and Meningocele</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>congenital malformation</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>752X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo. 6 da.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 4</u> , 19 <u>49</u> , to <u>Mar 2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Mar 2</u> , 19 <u>49</u> , and that death occurred at <u>7:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert W. Shears</u>		Robert W. Shears (Degree or title) <u>M.D. U.</u>		23b. ADDRESS <u>St. Joseph Hosp.</u>		23c. DATE SIGNED <u>Mar 7, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3/2/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seawenworth Kansas</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>3-3-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Larkin Leav. Co.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Charles Larkin

Licensed Embalmer No. *1862*

P. O. Address *Leavenworth, 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.