

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

979

 BIRTH NO. 49-015613 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY Jackson			a. STATE Missouri		b. COUNTY Jackson <u>LY</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City <u>(1)</u>		c. LENGTH OF STAY (in this place) 3 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City <u>3</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Northeast Osteopathic Hosp.			d. STREET ADDRESS (If rural, give location) 6412 East 7th Street <u>2</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Infant			b. (Middle) URNESS		c. (Last) URNESS
			Date: 2-28-49		

5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married (1)		8. DATE OF BIRTH Feb. 25, 1949		9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.							
								Months		Days		Hours							
										3									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant						10b. KIND OF BUSINESS OR INDUSTRY						11. BIRTHPLACE (State or foreign country) Kansas City, Missouri <u>17</u>				12. CITIZEN OF WHAT COUNTRY? U. S. A.			

13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Jeanette Urness Urness			14. NAME OF HUSBAND OR WIFE		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Thomas Urness, 6412 E. 7th, KC, Mo.			
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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						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis fetalis						12 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature birth						3 days	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7705							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Jackson, Mo.	
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?	

22. I hereby certify that I attended the deceased from 2-25, 1949, to 2-28, 1949, that I last saw the deceased alive on 2-28, 1949, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Galen Pilger (Degree or title)			23b. ADDRESS S.O.P. 6518 1/2 Deane Ave.			23c. DATE SIGNED		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-2-49		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
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DATE REC'D BY LOCAL REG. 3-2-49		REGISTRAR'S SIGNATURE Thalidine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.				
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(Licensed Embalmer's Statement on Reverse Side)

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

FILED MAR 26 1949

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

Oliver E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.