

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12268

BIRTH NO. 49-014193 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1387

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>Johnson</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>51</u> OR TOWN <u>(Rural)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H. Mary Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi. S.W. Lenexa</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby Boy</u> b. (Middle) <u>Armitage</u> c. (Last) <u>Armitage</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-27-49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED / NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>new born</u>	8. DATE OF BIRTH <u>3-21-49</u>
9. AGE (In years last birthday) <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>new born</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13. FATHER'S NAME <u>Herbert W. Armitage Jr.</u>	
14. MOTHER'S MAIDEN NAME <u>Evelyn Marie Harvey</u>		15. NAME OF HUSBAND OR WIFE <u>Hed Necker</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		17. SOCIAL SECURITY NO. <u>—</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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anencephalus, congenital</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>750X</u>	
20. INTERVAL BETWEEN ONSET AND DEATH <u>3-21-49</u> <u>3-27-49</u>		21. INFORMANT'S SIGNATURE OR NAME <u>Herbert W. Armitage</u> ADDRESS <u>Lenexa Kansas</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>21 March 1949</u> , to <u>27 March 1949</u> , that I last saw the deceased alive on <u>27 Mar. 1949</u> , and that death occurred at <u>11:35 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. E. Riederer M.D.</u>		23b. ADDRESS <u>Olathe Kansas</u>	
23c. DATE SIGNED <u>27 Mar 49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>3-28-49</u>		24c. NAME OF CEMETERY OR CREMATORY _____	
24d. LOCATION (City, town, or county) (State) <u>Olathe Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Jelen</u> ADDRESS <u>Olathe Kansas</u>	
DATE REC'D BY LOCAL REG. <u>3-28-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. 4569

P. O. Address Clute, Texas

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.