

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12553**
Registrar's No. **1623**

| | | | | | | | | | | |
|--|--|--|--|---|---|--|------------------------------------|---|----------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1802</u> | | Registrar's No. <u>1623</u> | | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>8 hrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>21 E. 30th St.</u> | | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>INFANT</u> | | | a. (First) | | b. (Middle) | | c. (Last) <u>MC NABB</u> | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>4 9 49</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>wh.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u> | | 8. DATE OF BIRTH <u>4/9/49</u> | | |
| 9. AGE (In years last birthday) | | IF UNDER 1 YEAR Months | | IF UNDER 24 HRS. Days | | IF UNDER 6 HRS. Hours | | IF UNDER 15 MIN. Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Elbert J. McNabb</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ann Schecher</u> | | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Elbert J. McNabb</u> | | | | | ADDRESS <u>21 E. 30th St.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cholelithiasis & urinary anomaly</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Prematurity (Placental infarct?)</u> 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>71025</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| 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) | | 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 <u>4/9</u> , 19 <u>49</u> , to <u>4/9</u> , 19 <u>49</u> that I last saw the deceased alive on <u>4/9</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | | |
| 23a. SIGNATURE <u>Girard L. Miller</u> (Degree or title) | | | | 23b. ADDRESS <u>1300 Prof. Bldg.</u> | | | 23c. DATE SIGNED <u>4/11/49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4/12/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>4-12-49</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar, K.C., Mo.</u> | | | | | |

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

Handwritten notes:
K.C. Me.
McKall

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.

Signed Max W. Kirkendall

Signed.....
Student Embalmer

Licensed Embalmer No. 4632

P. O. Address K.C. Me.

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.