

STANDARD CERTIFICATE OF DEATH

State File No. **30364**BIRTH NO. **57518-49** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3978**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 15 min.		d. STREET ADDRESS (If rural, give location) 2929 Main Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION The Willows			
3. NAME OF DECEASED (Type or Print) Earl		a. (First) Earl	b. (Middle) --
		c. (Last) Karrmann	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 9 1949			
5. SEX Male	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Sept. 9, 1949
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min. 15
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		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Jane Ann Karrmann	
14. NAME OF HUSBAND OR WIFE Infant			
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 Jane Ann Karrmann		ADDRESS 2929 Main St. K. C. Mo.	
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) Partial Premature Separation of placenta INTERVAL BETWEEN ONSET AND DEATH unknown	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown premature			
DUE TO (c) None			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7/10/5	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 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 Sept. 9, 1949 , to Sept. 9, 1949 , that I last saw the deceased alive on Sept. 9, 1949 , and that death occurred at 7:15p. m. , from the causes and on the date stated above.			
23a. SIGNATURE D. T. Vay De		23b. ADDRESS 1103 Grand Avenue	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE September 16, 1949	
24c. NAME OF CEMETERY OR CREMATORY GreenLawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
DATE REC'D BY LOCAL REG. 9-16-49		REGISTRAR'S SIGNATURE Staldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE WILKS FUNERAL HOME		ADDRESS 2315 Linwood K.C.3 Mo	

(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~~ ^{not} embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Chas E Wilks.....

Licensed Embalmer No. 2644.....

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.