

FILED OCT 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33766

4309

BIRTH NO. <u>56279-49</u>		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4309</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>Des Moines</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Des Moines</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>				d. STREET ADDRESS (If rural, give location) <u>716 S. E.alley Des Moines Iowa</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Inf</u>		b. (Middle)		c. (Last) <u>Bourdon B</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 16 1949</u>	
5. SEX <u>Female</u>		6. COLOR OF SKIN <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>		8. DATE OF BIRTH <u>8-16-49</u>	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Lucy Young Bourdon</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lucy Young Bourdon</u> ADDRESS <u>Des Moines Iowa</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES Morbidity 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.				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) (Minute)		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>8-16</u> , 19 <u>49</u> , to <u>8-16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug. 16</u> , 19 <u>49</u> , and that death occurred at <u>6:40 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title)				23b. ADDRESS <u>Med. Dir. Gen'l Hosp.</u>		23c. DATE SIGNED <u>8-17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rock Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson MO</u>	
DATE REC'D BY LOCAL REG. <u>10-10-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. A. Sweeney M.C.M.O.</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
48
13
8

Dr. Heeler

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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Wm A. Romney

Licensed Embalmer No. *3089*

P. O. Address. *DC MD*

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.