

FILED JUL 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23471  
2913

BIRTH NO. 40093-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>20 mo</u>		d. STREET ADDRESS (If rural, give location) <u>821 E. 42nd. 319</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bobby Girl</u> b. (Middle) _____ c. (Last) <u>Becker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-2-50</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>7-2-50</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. <u>190</u>	
-----------------------	--	------------------------------	--	---	--	-----------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>new born</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>		
--	--	--	--	--	--	--	--	--	--	--	--

13a. FATHER'S NAME <u>Robert Charles Becker</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Louise Simmons</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Robert Becker 821 E. 42nd K.C. Mo.</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>Complete Anencephaly</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>26 wks of gestation</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>	
---	--	--	--	--	--	--	--	---	--

19a. DATE OF OPERATION <u>W</u>		19b. MAJOR FINDINGS OF OPERATION <u>W</u>						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) _____			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 7/2/50, 1950; to 7/2/50, 1950, that I last saw the deceased alive on 7/2/50, 1950, and that death occurred at 7:35 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph G. Webster</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>1103 Grand</u>			23c. DATE SIGNED <u>7/2/50</u>		
---	--	--	--------------------------------	--	--	--------------------------------	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>			
--	--	----------------------------	--	--	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>7-3-50</u>		REGISTRAR'S SIGNATURE <u>Rosalind Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Wagner</u>			ADDRESS <u>K 6 Mo</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.....

*Was not embalmed.*

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Alvin R. Haunschild*

Signed.....

Student Embalmer

Licensed Embalmer No. *4159*

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.