

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33673

State File No. ....

4601

FILED NOV 10 1951

BIRTH NO. 68863-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City,</b>	c. LENGTH OF STAY (In this place) <b>28 Days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City, North</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>4033 N. Chestnut</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Billie</b>	b. (Middle) <b>June</b>	c. (Last) <b>Kment</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 28 1951</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married (?)</b>	8. DATE OF BIRTH <b>October 1, 1951</b>	9. AGE (In years last birthday) <b>28</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>William Kment</b>	13b. MOTHER'S MAIDEN NAME <b>Mary June Shields</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William Kment</b>			ADDRESS <b>4033 N. Chestnut N. K. C. Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia - interstitial type</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 hours</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Virus infection type undetermined</b>	DUE TO (c)			<b>8 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Prematurity (7 1/2 mo)</b>				<b>7635</b>
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 10/1, 1951, to 10/28, 1951, that I last saw the deceased alive on 10/27, 1951, and that death occurred at 5:25A m., from the causes and on the date stated above.

23a. SIGNATURE <b>R.R. Becker</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>4000 Baltimore Kansas City, Mo</b>	23c. DATE SIGNED <b>10/29/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 30 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>White Chapel Mem. Gdns.</b>	24d. LOCATION (City, town, or county) (State) <b>North Kansas City, Missouri</b>
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DATE REC'D BY LOCAL REG <b>10-29-51</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D. W. Newcomer's</b>	ADDRESS <b>North Kansas City, Mo.</b>
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**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-----

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working under my personal supervision.

Student Embalmer No. ....

Signed

*John W. Penick*

Signed.....  
Student Embalmer

Licensed Embalmer No. *7848*

P. O. Address *82 Avenue Pal 712*

**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.