

FILED SEP 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28121
3756

BIRTH NO. 42249 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 3756

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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location) 1616 Harrison	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2			

3. NAME OF DECEASED (Type or Print) (Infant)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 6 29 52
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 6-29-52	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Mins. 2 25
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Kansas City, Mo. U	12. CITIZEN OF WHAT COUNTRY? America
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13a. FATHER'S NAME Daniel Kearney	13b. MOTHER'S MAIDEN NAME Nancy Mae SPEARMAN	14. NAME OF HUSBAND OR WIFE none
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nancy Mae Kearney, 1616 Harrison	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 76 25
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Cerebral Anoxemia		
	ANTECEDENT CAUSES 2. Pulmonary atelectasis DUE TO (b) Prematurity		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-29-52**, 19**52**, to **6-29-52**, 19**52**, that I last saw the deceased alive on **6-29-52**, 19**52**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. Frank ENLIS MD	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 7-2-52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 8-26-52	24c. NAME OF CEMETERY OR CREMATORY Luede Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, MO
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DATE REC'D BY LOCAL REG 8-23-52	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Wm. A. Bohmeyer	ADDRESS 1500 MO
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

[Handwritten signature]

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 *Am A. [Signature]*

Licensed Embalmer No. *5089*

P. O. Address. *KE 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.