

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41543

State File No.

FILED DEC 22 1952
83140

BIRTH NO. ... REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1301

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>Rural near Savannah</u>	
c. LENGTH OF STAY (in this place) <u>24 HOURS</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. P. 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Methodist Hospital</u>			

3. NAME OF DECEASED a. (First) <u>ELIZABETH</u> b. (Middle) <u>ANN</u> c. (Last) <u>Boatright</u>			4. DATE OF DEATH (Month) <u>12</u> (Day) <u>9</u> (Year) <u>1952</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never</u>		8. DATE OF BIRTH <u>12-8-1952</u>		9. AGE (in years last birthday) <u>-</u> Months <u>-</u> Days <u>1</u> If under 1 year: Hours <u>-</u> Mins. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>James Boatright</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Swartz</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Boatright Savannah mo</u>		ADDRESS <u>-</u>	
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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>Erythroblastosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rh. negative mother</u> DUE TO (c) <u>Rh. positive father</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7700</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 12-8, 1952, to 12-9, 1952, that I last saw the deceased alive on 12-9, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herbert E. Kelly M.D.</u>		23b. ADDRESS <u>Savannah mo</u>		23c. DATE SIGNED <u>12-10-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-10-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>		24d. LOCATION (City, town, or county) (State) <u>SAVANNAH mo</u>	
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DATE REC'D BY LOCAL REG. <u>Dec 15, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cas...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home Savannah mo</u>		ADDRESS <u>-</u>	
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. G. Brit

Licensed Embalmer No. 2650

P. O. Address Savannah, 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.