

95451-54 THE DIVISION OF HEALTH OF MISSOURI  
 FILED JAN 28 1955 STANDARD CERTIFICATE OF DEATH

State File No. **43296**  
**6050**

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.					
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>Jackson</b>							
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>life</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>General Hospital #2</b>				f. STREET ADDRESS (If rural, give location) <b>2324 Brooklyn Avenue 3398</b> <b>39</b>							
3. NAME OF DECEASED (Type or Print) <b>Infant</b>			a. (First)		b. (Middle)		c. (Last) <b>Knolley</b>				
4. DATE OF DEATH (Month) (Day) (Year) <b>12 18 1954</b>		5. SEX <b>3</b> <b>female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>12-18-54</b>			
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		IF UNDER 24 HRS. Hours		IF UNDER 48 HRS. Minutes			
<b>3</b>		<b>3</b>		<b>3</b>		<b>3</b>		<b>35</b>			
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 (City and State or Foreign Country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>America</b>	
13a. FATHER'S NAME <b>--</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Ray</b>			14. NAME OF HUSBAND OR WIFE <b>--</b>					
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>Mrs. Mary Knolley, 2324 Brooklyn</b>			ADDRESS		
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, asthenia, etc. It means the disease, injury, or complication which caused death.								MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity.</b>											
ANTECEDENT CAUSES <b>Atelectasis.</b>								DUE TO (b) _____			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										<b>7675</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 <u>12-18-54</u> , 19 <u>  </u> , to <u>12-18-54</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>12-18-54</u> , 19 <u>  </u> , and that death occurred at <u>10:30a</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <b>E. Frank Ellis, M.D.</b>				23b. ADDRESS <b>600 East 22nd Street</b>				23c. DATE SIGNED <b>12-20-54</b>			
24a. BURIAL: CREMATION, REMOVAL (Specify)		24b. DATE <b>1-14-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Leids</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City MO</b>					
DATE REC'D BY LOCAL REG. <b>1-13-55</b>		REGISTRAR'S SIGNATURE <b>Merna Marshall</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Anna Marshall</b>		ADDRESS <b>ACMO</b>				

(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 not Embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Wm. A. Schuyler

Licensed Embalmer No. 308

P. O. Address W.C.M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.