

FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

1233

BIRTH NO. 2277-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 56

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. LENGTH OF STAY (In this place) 14 hrs. 15 min. c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Maternity Hospital e. STREET ADDRESS (If rural, give location) 633 1/2 Prospect

3. NAME OF DECEASED a. (First) MICHAEL b. (Middle) ANTHONY c. (Last) MENNINGER 4. DATE OF DEATH (Month) (Day) (Year) 1 - 3 - 55

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH 1-3-55 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. 14 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert Anthony Menninger 13b. MOTHER'S MAIDEN NAME Margaret Mary Cloberty 14. NAME OF HUSBAND OR WIFE none

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 Robert G. Menninger ADDRESS 633 1/2 Prospect

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Atelectasis MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH  
ANTECEDENT CAUSES  
DUE TO (b) Hyalin Membrane  
DUE TO (c) Erythroblastosis fetalis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Prematurity 7705

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

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) (Min.) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-3, 19 55, to 1-3, 19 55, that I last saw the deceased alive on 1-3, 19 55, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Myron D. Jones (Degree or title) Do. 23b. ADDRESS 926 E. 11th 23c. DATE SIGNED 1-4-55

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 1/4/55 24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City, Kansas

DATE REC'D BY LOCAL REG. 1-5-55 REGISTRAR'S SIGNATURE Neva Minshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOS. A. BUTLER'S SONS K.C.K.

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.....  
Signature of Student Embalmer

Signed.....

*Not Embalmed*  
*Rose Bell*

Licensed Embalmer No 3426

P. O. Address ..... K.C.K

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.