

FILED JUL 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021135
STATE FILE NUMBER
2911

S. 300
1-57

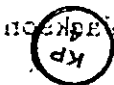
0 47156-57 Registration District No.		149 Primary Registration District No.		1002 Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes ☐ No ☐		c. CITY OR TOWN Kansas City Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General #2		Length of stay in lb Life		d. STREET ADDRESS (If outside, give location) 2411 E. 13th Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Arnold Middle Eugene Last James			4. DATE OF DEATH Month June Day 14 Year 1957		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH June 10, 1957	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 4 Days 4 Hours 4 Min. 4
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 country) Kansas City, Missouri	
13a. FATHER'S NAME Leroy James, Jr.		13b. MOTHER'S MAIDEN NAME Florine Hendrix		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 Address Florine James, mother 2411 E. 13th	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity - Conditions, if any, which gave rise to above cause (c), stating the underlying cause last. DUE TO (b) ... DUE TO (c) ... PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 776+
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour ... Month, Day, Year ... a.m. ... p.m. ...					
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6-10-57 to 6-14-57 and last saw her alive on 6-14-57 Death occurred at 8:55 P on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE A. L. Peterson M.D. (Degree or title)		22b. ADDRESS 600 E. 22nd Street		22c. DATE SIGNED 6-19-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 6-27-57		23c. NAME OF CEMETERY OR CREMATORY St. Louis	
24. FUNERAL DIRECTOR Arnold Johnson		ADDRESS KC MO		25. DATE RECD. BY LOCAL REG. 6-22-57	
26. REGISTRAR'S SIGNATURE Neva Marshall					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

W.R. Peterson

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



Missouri Kansas City
 1931 1931
 1931 1931

June 1, 1931 June 10, 1931
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Missouri Kansas City
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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 Not Embalmed, Student Embalmer No.
 working under my personal supervision.

Student

Signed Wm. A. Lohmeyer

Signature of Student Embalmer

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 9 22:8

Licensed Embalmer No. 3089

P. O. Address 15 C MO

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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.