URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 2 4 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6681 STATE FILE NUMBER 60-048697

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b LIFE
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) General Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 3005 E. 19th — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First #II Middle Infant Last Franklin
4. DATE OF DEATH Month Day Year December 4, 1960

5. SEX Male
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-3-60
9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours 12 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) –
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Kansas City MO
12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Anita Franklin
14. NAME OF HUSBAND OR WIFE –

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Anita Franklin Address 3005 E. 19th

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Immaturity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 12-3-60, to 12-4-60 and last saw her/him alive on 12-4-60
Death occurred at 12:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] MD
22b. ADDRESS 600 E. 22nd, K.C., Mo.
22c. DATE SIGNED 1-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-13-61
23c. NAME OF CEMETERY OR CREMATORY Leeds
23d. LOCATION (City, town, or county) Kansas City (State) MO

24. FUNERAL DIRECTOR [signature] ADDRESS KC MO
25. DATE RECD. BY LOCAL REG. 1-6-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF E Frank Ellis

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Not Embalmed, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wm A Lohmeyer

Signature of Student Embalmer

Licensed Embalmer No. 3084

P. O. Address KC - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor 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.