MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20901

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 2783

Township Kaw — Primary Registration District No. 1002 — Registered No. 2783

City K. C. Mo. (No. East Side Hosp. St. Ward)

2. FULL NAME Infant Emsmingen

(a) Residence. No. 27 & Northern Blvd. St., Englewood (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 26 - 28

7. AGE: YEARS | MONTHS | DAYS: 0 | If LESS than 1 day, 6 hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): K. C. Mo.

PARENTS

10. NAME OF FATHER: Frank Emsmingen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): K. C. Mo.
12. MAIDEN NAME OF MOTHER: Lilia Orin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT (Address): Frank Emsmingen, 27 & Northern Blvd.

15. FILED 6/29, 1928 M. M. Crouse, Registrar, Assn.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 26 1928

17. I HEREBY CERTIFY, That I attended deceased from June 26, 1928, to June 26, 1928, that I last saw her alive on June 26, 1928, and that death occurred, on the date stated above, at 11 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
159
161a
(duration) yrs. mos. one ds.

CONTRIBUTORY (SECONDARY) ✓
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) W. R. Fuller, M. D.
6/27, 1928 (Address) 1529 Lister

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Brooking — DATE OF BURIAL: June 27 1928

20. UNDERTAKER: Rose & Henderson — ADDRESS: 15 & Jackson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.