

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

Do not use this space.

44971

1. PLACE OF DEATH

County..... Jackson Registration District No. 399
 Township..... Kaw Primary Registration District No. 1002
 City..... Kansas City, Mo. (No. St Marys Hospital)

File No.....
 Registered No.....
 St. Ward)

2. FULL NAME John C. Emmons

(a) Residence, No. 345 N. Oakley St. Ward.
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 9 2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Pac. R.R. Co.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER
 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Fred Willis, (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Moriah Cemetery DATE Dec. 26-36

19. UNDERTAKER C.H. Blackman & Son, Inc. (ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED 72-76, 1936 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23-36 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1936, to Dec 23, 1936

I last saw him alive on Dec 22, 1936. Death is said to have occurred on the date stated above, 5:50 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis ?
Chronic Fibrous Arteriosclerosis ?

Other contributory causes of importance:
None

Name of operation None Date of None
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify

(Signed) J. B. Castle M. D.
 (Address) 11002 Oregon St. Kansas City, Mo.

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.

WRITE CLEARLY, WITH OBLIQUE WRITING, IN THIS SPACE

1 X704

Dr. J. E. Castle