REC'D DEC 14 1938

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

38115
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 1002
(b) Township Kaw — Primary Registration District No. — Registered No. 4349
(c) City Kansas City — (d) Street No. St. Mary's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 3211 Emma Ann Radcliffe
(a) Residence, No. 6933 Benton St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Alfred J. Radcliffe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 7, 1874

7. AGE: Years 64 | Months 1 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Jackson County East of Indep. Mo. U

FATHER
13. NAME Thomas Parsons
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Camp Mo. U

MOTHER
15. MAIDEN NAME Mary Webb
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson County East of Indep. Mo. U

17. INFORMANT Mrs. Emma Cameron
(ADDRESS) 2411 Sterling - Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn-Indep. DATE Nov. 7 1938

19. FUNERAL DIRECTOR Ott & Mitchell
(ADDRESS) Independence, Mo.

20. FILED 11-7 1938 M. M. Crouse
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 4 1938

22. I HEREBY CERTIFY, That I attended deceased from May 17 - 1938, to Nov. 4 - 1938
I last saw her alive on Nov. 4 - 1938. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Sigmoid	
U.C.	

Other contributory causes of importance:
Acute Pulmonary edema
Chr. Myocarditis

Name of operation Nov. 3rd Partial resection of tumor — Date of
What test confirmed diagnosis? Laboratory — 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 ....19....
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?
If so, specify
(Signed) Max Friedman, M. D.
(Address) Prof. Bldg. K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, R. B. Mitchell, Licensed Embalmer No. 646

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed R. B. Mitchell

Licensed Embalmer No.

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.)