

RECD JUL 10 1939

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

21253

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson / Registration District No. 395  
 (b) Township Kaw / Primary Registration District No. 1002 Registered No. 2521  
 (c) or City Kansas City / (d) Street No. St. Joseph 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 Emmy Lou WETTON.

(a) Residence, No. 3132 Highland Ave. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
X X X 22 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 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) Kansas City (STATE OR COUNTRY) Missouri

FATHER 13. NAME William J. Wetton

14. BIRTHPLACE (CITY OR TOWN) Slater (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Betty Jean Etzel.

16. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Missouri

17. INFORMANT William J. Wetton (ADDRESS) 3132 Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 6/21/39

19. FUNERAL DIRECTOR (NAME) Melody-McGilley. (ADDRESS) K. C. Mo.

20. FILED 6/21 39 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15th 1939.

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1939, to June 15, 1939  
 I last saw her alive on June 15, 1939. Death is said to have occurred on the date stated above, at 5:50 p.m.  
 The principal cause of death and related causes of importance were as follows:

Premature delivery  
5 1/2 mos.  
160B

Date of onset 5-15

Other contributory causes of importance:  
Cerebral hemorrhage

Name of operation 0 Date of 0  
 What test confirmed diagnosis? — 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? 1  
 If so, specify —  
 (Signed) R. S. Sinclair Jr., M. D.  
 (Address) 1103 Grand Avenue

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.

MARGIN RESERVED FOR BINDING

30M-9-15B I X16003

830 am  
6/15

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**