OCT 18 1939

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

Do not use this space. 31405

3503

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 399
(b) Township Kaws Primary Registration District No. 1002 Registered No.
(c) City Kansas City (d) Street No. 1501 E 37th St. 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 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS EMMA CORA MAC MASTER
(a) Residence, No. 1501 E. 37th St. 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 Fe.
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Andrew Mac Master
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 7-1870
7. AGE YEARS 69 MONTHS 6 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home
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) Wilington Vermont

FATHER
13. NAME UNKNOWN Vogel 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 7

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Angus Mac Master 1501 E. 37th Street
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Sept 9, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. H. Newcomer Sons 1401 Brush Creek Blvd
20. FILED Sept 7, 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 1936, to Sept 7, 1939
I last saw her alive on Sept 7, 1939. Death is said to have occurred on the date stated above, at 4 15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach with Metastases to Liver	Jan 1939
46	
Other contributory causes of importance: Pernicious Anemia	1928

Name of operation Laparotomy Date of Jan 19, 1939
What test confirmed diagnosis? Operation Was there an autopsy? No

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? No
If so, specify .....
(Signed) Jack W. Wolf, M. D.
(Address) 620 Argyle Bldg Kansas City, 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.

50M-1-12-38 I X14028

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 H. D. Newcomer Jr.

Licensed Embalmer No. 4043

P. O. Address St Louis Mo.

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.