

REG APB 19 1048
399

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1191

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
Near 324 East 11th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution All her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Emma Elsie Mansour

3. (b) If veteran, No name war. 3. (c) Social Security No. NO

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife H. D. Mansour 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 31 1888
(Month) (Day) (Year)

8. AGE: Years 51 Months 11 Day 16 If less than one day hr. min.

9. Birthplace Kansas City - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name John A. Smith

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Karoline Braun
(City, town, or county) (State or foreign country)

15. Birthplace _____

16. (a) Informant Mrs. Elizabeth Morgan

(b) Address 2739 Park

17. (a) Cremation (b) Date thereof Mar 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 3-17-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2739 Park
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 16th
year 1940 hour _____ minute _____ P.M.

21. I hereby certify that I attended deceased from _____ to _____, 19____; that I was alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Injury by fall
Crushing injury to head and chest

Other conditions 169
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence 1-16-40
(c) Where did injury occur? K. C. Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Jumped from top of telephone pole
While at work _____ (Specify type of place) (Specify nature of injury)

23. Signature Walter H. Miller (M. D. or other) _____
Address K. C. Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Cecil R. Mather

Licensed Embalmer No. 3807

P. O. Address H. C. 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.