

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

REV. 3-11-39
I 119511

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1940
399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20654
State File No. 2271
Registrar's No.

Registration District No. _____ Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 2108 Montgall
(d) Length of stay: In hospital or institution 2
In this community 15 years

3. (a) PRINT FULL NAME Emma Carter 636
3. (b) If veteran, name war: No
3. (c) Social Security No. No

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 3 1876

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>1</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Jenssaw, Pa.

10. Usual occupation Housewife

11. Industry or business _____
MOTHER FATHER { 12. Name Harty Griffin
13. Birthplace Ta.
14. Maiden name Harriet Johnson
15. Birthplace Ta.

16. (a) Informant's own signature Maggie C. Jamison
(b) Address 2108 Montgall

17. (a) Burial (b) Date thereof May 3, 1940
(c) Place: burial or cremation Family Cemetery

18. (a) Signature of funeral director Fannie's
(b) Address 1707 E. 18th St.

19. (a) JUNE 3, 1940 (b) M. M. Crowe

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County County
(c) City or town 2108 Montgall
(d) Street No. Kansas City Mo.
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 29 day May
year 1940 hour 12:30 minutes PM M.
21. I hereby certify that I attended the deceased from 2-29-40
that I last saw her alive on 5-29-40
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Chronic
Due to Chronic glomerulonephritis
and Hypertensive Heart
Due to (131)

Other conditions (include pregnancy within 3 months of death) 200
Major findings: Of operations no
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

28. Signature J. S. Wells
Address 16005 E. 18th St. Date signed 6-1-40

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 Jamie L. Meek

Licensed Embalmer No. 3818

P. O. Address 17078 18th St.

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.