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X21492

FILED MAR 14 1941

Registration District No. 299

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Mo. C.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1411 Highland #51  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 48 yrs.  
(Specify whether years, months or days)

8. (a) PRINT FULL NAME EMMA CHANDLER

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 422143799

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased Feb. 17, 1895  
(Month) (Day) (Year)

8. AGE: Years 48 Months 7 Days 31 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business none

12. Name Helen Pinkett

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

14. Maiden name unknown

15. Birthplace Ohio (City, town or county) (State or foreign country)

16. (a) Informant Mary Ellen Chandler

(b) Address 11200 Paseo

17. (a) ~~Funeral home~~ (b) Date thereof 2-28-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (c) Signature of funeral director Edna E. Funeral Home

(b) Address 1409 E. 12th St.

19. (a) 2/27/41 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1411 Highland #51  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 10 year 1941  
hour \_\_\_\_\_ minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from 9:30 P.  
to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ live on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Important cause of death \_\_\_\_\_

Duration \_\_\_\_\_

Due to Lobar pneumonia (st)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 108  
(Include pregnancy within 3 months of death) 108

Major findings: Of operations \_\_\_\_\_

Of autopsy Yes

PHYSICIAN \_\_\_\_\_  
Underlines the cause to which death should be charged statistically.

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? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work \_\_\_\_\_  
23. Signature W. C. Crow (M. D. or other) \_\_\_\_\_  
Address W. C. Crow Date signed \_\_\_\_\_

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

MOTHER FATHER

**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

*L. J. Harris, Sr.*

Licensed Embalmer No.

*3388*

P. O. Address

*K. 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.**