

FILED SEP 12 1941

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community Unknown (Specify whether years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1316 Troost Avenue
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Jefferies

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

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE about 71 yrs Years Months Days If less than one day hr. min.

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

10. Usual occupation None known

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Record clerk

(b) Address K.C. Gen. Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenlawn Cemetery

18. (a) Signature of funeral director P. B. Lapetina

(b) Address 538 Campbell St. No. 6

19. (a) 8/11/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6th year 1941 hour 7 minute 25 A. M.

21. I hereby certify that I attended the deceased from 7-29-41 19 to 8-6-41 19 that I last saw her alive on 8-6-41 and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal Bronchepneumonia
Due to Hemiplegia from old vascular accident in Brain

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Arvey R. Shaw (M. D. or other) 0
Address K.C. Gen. Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Peter B. Lupton* *Peter B. Lupton*

Licensed Embalmer No. 3754

P. O. Address 538 Campbell, 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, fact should be so stated above.