No. 2
-9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1180

Registrar's No. 423

**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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-29-41-1-27-42 (Specify whether
In this community 30 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 920 Central 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME GARLAND W. EMERSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Luella Emerson

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 15 (Day) 1880 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 61 | 9 | 12 | hr. min. |

9. Birthplace Pleasant Green (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Unemployed

11. Industry or business

FATHER
12. Name Deceased Garland W. Emerson
13. Birthplace Louisville (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Deceased Hattie Smith
15. Birthplace Booneville (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/31/42 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cemetery

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) 1/31/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan. day 27
year 1942 hour 11 minute 20 p.M.

21. I hereby certify that I attended the deceased from December 29, 1941 to January 27, 1942
that I last saw him alive on January 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis of left lung

Due to Lymphosarcoma primarily in the Mediastinum

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same as above

Duration

PHYSICIAN

Underline 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? (e) Means of injury

23. Signature G. O. Brown (M. D. or other)

Address Gen. Hosp. #2-600 E 22 Date signed 1-29-42

(Licensed Embalmer's Statement on Reverse Side)

## 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 Isaac Jerome Maybe

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**