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X26390

FILED MAR 16 1942
Registration District No. 3409

Primary Registration District No. 1002

Registrar's No.

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: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community 2 weeks

3. (a) PRINT FULL NAME Emmal Ann Hufft

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced 2 divorced, widowed

6. (b) Name of husband or wife unk.

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

7. Birth date of deceased March 28 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>11</u>	<u>9</u>	hr. min.

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

10. Usual occupation at home

11. Industry or business at home

12. Name Dr. Willie Hamilton

13. Birthplace Madison Co. Ky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Simpson

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

16. (a) Informant Dr. E. Hufft

(b) Address Liberty Mo

17. (a) Burial (b) Date thereof 3 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran M. Ch. Kader

18. (a) Signature of funeral director Liberty Mo

(b) Address Liberty Mo

19. (a) 3/9/42 (b) J. M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

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

(d) Street No. 458 W. Franklin St
(If rural, give location)

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

If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7
year 1942 hour 1 minute 30 PM

21. I hereby certify that I attended the deceased from June 1940 to June 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Left Ventricular failure Duration 1 wk

Due to 1860x

Due to 18 14

Other conditions Pulmonary edema 1 wk
(Include pregnancy within 3 months of death)

Major findings: Fracture Rt Hip PHYSICIAN

Of operations: same

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) accident

(b) Date of occurrence 2/20/42

(c) Where did injury occur? Liberty, Clay Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? fall (Specify type of place) (e) Means of injury

23. Signature Geo Henderson (M. D. or other)

Address Liberty Mo Date signed 3/8/42

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.....
Licensed Embalmer No. 3934
P. O. Address Liberty Mo

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

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