

FILED APR 25 1942

Registration District No. **399**

Primary Registration District No. **1002**

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

48
3
8

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**

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

(d) Length of stay: In hospital or institution **4-2-42-4-5-42**
(Specify whether years, months or days) **63 years**

In this community **63 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **049**

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

(d) Street No. **1626 Harrison**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **D**

3. (a) PRINT FULL NAME **MAUDE EMERY**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5**
year **1942** hour **8** minute **45 a.m.**

4. Sex **Female** **3** 5. Color or race **Negro**

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

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

7. Birth date of deceased **Unknown** **1979**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 2**, 19**42** to **April 5**, 19**42**
that I last saw her alive on **April 5**, 19**42**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

63 hr. _____ min.

Immediate cause of death **Pneumococci Meningitis**

Due to **Lobar Pneumonia**
rt. lower lobe **108**

Other conditions **Hypertensive type heart disease**
(Include pregnancy within 3 months of death)

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

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Jefferson**

{ 13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Unknown**

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

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy **Same as above**

Underline the cause to which death should be charged statistically.

16. (a) Informant **Record Clerk**

(b) Address **General Hospital No. 2**

17. (a) **burial** (b) Date thereof **4/8/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **J. J. ...**

(b) Address **1729 Lydia**

19. (a) **4-8-42** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

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)

Means of injury _____

23. Signature **J. J. ...** (M. D. or other) _____

Address **Gen Hosp #2-600 E. 22** Date signed **4-7-42**

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

Shane J. Manlove

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 with the above constitutes grounds for revocation of license.)

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