

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1707

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:  
2446 Lister St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 35 Years  
(Specify whether years, months or days)

In this community. 35 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson 48

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

(d) Street No. 2446 Lister St.  
(If rural, give location)

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

If yes, name country. ....

3. (a) PRINT FULL NAME Emma Belle Cass

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

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1942 hour 10:10 minute P. M.

21. I hereby certify that I attended the deceased from 4-14-42  
19 42 to 4-29- 19 42  
that I last saw h. alive on April 29 19 42  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife. Ira M. Cass

6. (c) Age of husband or wife if alive. 4 years

7. Birth date of deceased. August 4 1876  
(Month) (Day) (Year)

Immediate cause of death. Coronary Occlusion -

Due to arterio sclerosis

Due to HTA

Other conditions. shunt marked  
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>8</u>	<u>25</u>	hr. min.

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

10. Usual occupation. House wife

11. Industry or business. ....

12. Name. George Nowers

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. William Cass

(b) Address. 3935 Central St.

17. (a) Burial (b) Date thereof. 5 / 2 / 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mt. Moriah

18. (a) Signature of funeral director Rose & Henderson

(b) Address. 4139 E. 15th St.

19. (a) 5-1-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations. ....

Of autopsy. None

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? ✓

(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 Joseph Perry (M. D. or other) MD  
Address 4800 E 24 Date signed 5-1-42

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

MOTHER FATHER

MAY 26 1946

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.....

*John B. Camp*

Licensed Embalmer No. 295-5-

P. O. Address H.C. Ind

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.