

V. S. No. 2
DM-9-4-41
Rev. 5-17-39
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13304

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **1842**

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**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7 days**
(Specify whether years, months or days)
 In this community **40 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1213 1/2 Troost**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **David Emison**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **None**

4. Sex **Male**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced, **Widowed**
 6. (b) Name of husband or wife **Nettie Emison**
 6. (c) Age of husband or wife if alive **---** years
 7. Birth date of deceased **April 19 1868**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	0	21	hr. min.

9. Birthplace **Napton Mo.**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Farmer and**

11. Industry or business **Stock Man**
 12. Name **Stephen C. Emison**
 13. Birthplace **Georgetown Ky.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Julia Madden**
 15. Birthplace **Paducah Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. A. D. Johnston**
 (b) Address **3616 Central St.**

17. (a) **Removal** (b) Date thereof **5-12-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Marshall, Mo.**

18. (a) Signature of funeral director **Freeman Mortuary**
 (b) Address **Kansas City, Mo.**
 19. (a) **May 11 1942** (b) **M. H. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **10th**
 year **1942** hour **4** minute **30 P.** M.
21. I hereby certify that I attended the deceased from
5-3-42 19 to **5-10-42** 19
 that I last saw him alive on **5-10-42** 19
 and that death occurred on the date and hour stated above.

Immediate cause of death
Thrombosis of right middle cerebral artery with decephalomalacia and chronic myocardial infarction
 Due to **arteria**
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy **See above**
 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? _____
 While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **Dr. R. R. Shaw** (M. D. or other) **0**
Med. Dir. K.C. Gen. Hospital, K.C. Mo.
 Address _____

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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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 Clarence H. Chiles

Licensed Embalmer No. 3473

P. O. Address H. 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.