V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26335

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3227

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-7-42-8-27-42 (Specify whether
In this community 12 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") 8
(d) Street No. 1604 Lydia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EMMA BAKER

3. (b) If veteran, name war No
3. (c) Social Security No. NONE

4. Sex Female
5. Color or race Negro 3
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 June (Month) 14 (Day) 1874 (Year)

8. AGE: Years 68 Months 2 Days 13 If less than one day hr. min.

9. Birthplace Indianola (City, town, or county) Iowa 1 (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business

FATHER
12. Name Charles Brown
13. Birthplace DONT KNOW (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mattie
15. Birthplace DONT KNOW (City, town, or county) 9 (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
17. (a) WESTLAWN, KCK (Burial, cremation, or removal) (b) Date thereof 8-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation WESTLAWN, KCK.
18. (a) Signature of funeral director Flynn & Green Street
(b) Address 1819 E. 15th
19. (a) 8-29-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27
year 1942 hour 10 minute 00 a. M.

21. I hereby certify that I attended the deceased from August 7, 1942, to August 27, 1942; that I last saw her alive on August 27, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of Thyroid with metastasis

Due to 55c

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 [signature] (M. D. or other)
Address Gen. Hosp. #2-600 E. 22 Date signed 8-28-42

361

(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 Edw G Evans

Licensed Embalmer No. 3836

P. O. Address 819 E 15th St NW

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.