V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36190

State File No.

FILED NOV 19 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4238

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

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:
1417 Forest Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community over 3 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1417 Forest Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Beatrice Emery

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female

5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced 0 Single

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

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

7. Birth date of deceased Nov. 24 (Month) (Day) 1904 (Year)

8. AGE: Years 37 ~~38~~ Months 11 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Leavenworth (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation Laundress

11. Industry or business At home

FATHER
12. Name Albert Emery
13. Birthplace Leavenworth (City, town, or county) Kansas 1 (State or foreign country)

MOTHER
14. Maiden name Jennie Bell Clay
15. Birthplace Lexington (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Jennie Bell Emery
(b) Address 1417 Forest Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director West Appleton & Jones
(b) Address 1905 Vine St.

19. (a) 11-14-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 11th.
year 1942 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from ..... Deputy Coroner, 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Hypertensive Myocarditis

Due to .....

Due to Acute Pulmonary Edema

Other conditions (Include pregnancy within 3 months of death) 93D

Major findings:
Of operations .....
Of autopsy Yes

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 [illegible] (M. D. or other) .....
Address 1832 Vine Date signed 11-12-42

(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 O. N. Fest

Licensed Embalmer No. 2210

P. O. Address K. 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.