

FILED JAN 11 1943

Registration District No. 199

Primary Registration District No. 1002

1. PLACE OF DEATH: JACKSON
 (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: 538 Harrison
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
 In this community DONT KNOW (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 538 Harrison
 (If rural, give location)
 (e) Citizen of foreign country? NO YES (Specify No)
 If yes, name country

3. (a) PRINT FULL NAME EMMA HANDY
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 day 18 year 1942 hour 9:00 minute A. M.

4. Sex F 5. Color or race Col. 6. (a) Single, widowed, married, divorced, wid. 9
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive, years

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

Immediate cause of death Broncho Pneumonia
 Duration

8. AGE: Years 63. Months Days If less than one day hr. min.

Due to 107.
 Due to

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

10. Usual occupation none

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations

MOTHER FATHER { 12. Name DONT KNOW
 13. Birthplace DONT KNOW (City, town, or county) (State or foreign country) 9
 14. Maiden name DONT KNOW
 15. Birthplace DONT KNOW (City, town, or county) (State or foreign country) 9

Of autopsy Inspection - History
 Underline the cause to which death should be charged statistically.

16. (a) Informant Coroner's Office
 (b) Address Kansas City MO
 Anatomical Board (c) Date thereof 1-4-43 (Month) (Day) (Year)
 (Burial, cremation, or removal)
 (c) Place: burial or cremation: C. Denton College

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?

18. (a) Signature of funeral director Ideal Fun. Home
 (b) Address 1409 E. 12th St.
 19. (a) 12-29-42 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

While at work (Specify type of place) (c) Means of injury
 23. Signature M. M. Browne (M. D. or other)
 Address 1832 Vine Date signed 12-27-42

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

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.....

L. J. Harris, Sr.
.....
Licensed Embalmer No. *3388*
.....

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.