V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17037

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2364

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: 3004 Prospect Home 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Home

In this community 40 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo (If outside city or town limits, write "RURAL") 3

(d) Street No. 3004 Prospect 8 (If rural, give location) 0

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

If yes, name country m no

3. (a) PRINT FULL NAME Emma J. McDowell

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Sept (Month) 27 (Day) 1868 (Year)

8. AGE: Years 74 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Liberty Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Home

11. Industry or business Home

FATHER
12. Name Andrew Patrick
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Vermillion
15. Birthplace Virginia (City, town, or county) 1 (State or foreign country)

16. (a) Informant Allie De Patrick

(b) Address 3004 Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood

19. (a) 5-24-43 (Date received local registrar) (b) M. McCormac (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1943 hour 2 minute AM M.

21. I hereby certify that I attended the deceased from Dec, 1942, to May 24, 1943; that I last saw her alive on May 24, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary occlusion

Due to 940

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 A. C. Gaffett (M. D. or other)

Address 1225 Walt Bldg. Date signed

361

(Licensed Embalmer's Statement on Reverse Side)

Dr A. C. Griffith Phone Vi 3647
Rialto Bg
1165

JAN 5 1953

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 Chas Wicks

Licensed Embalmer No. 2644

P. O. Address 1900 Linwood

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.