

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6166**
Registrar's No. **765**

FILED MAR 6 1944
Registration District No. **149**

Primary Registration District No. **1002**

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:
Home 4826 Harrison /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **25yrs**
(Specify whether years, months or days)

In this community **25yrs**

3. (a) PRINT FULL NAME **Miss Emma Kile**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **fe** 5. Color or race **wh**

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **June 10th 1874** years

7. Birth date of deceased **June 10th 1874**
(Month) (Day) (Year)

8. AGE: Years **69** Months **8** Days **6**
If less than one day hr. min.

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business

12. Name **Jackson Kile**

13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Elia Roberts**
(City, town, or county) (State or foreign country)

15. Birthplace **Mass**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Maud Hale**

(b) Address **4826 Harrison**

17. (a) **Burial** (b) Date thereof **Feb 18th 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Washington Cem**
Eylar Funeral Home

18. (a) Signature of funeral director

(b) Address **1800 Lincoln Blvd**

19. (a) **2-16-44** (b) **P. E. Brown**
(Date received local registrar) (Registrar's signature)

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. **4826 Harrison**
(If rural, give location)

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

If yes, name country **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **16th**
year **1944** hour **4** minute **20 A** M.

21. I hereby certify that I attended the deceased from **Feb 9**, 1944, to **Feb 15**, 1944,
that I last saw her alive on **Feb 15**, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**
Acute nephritis from
hypertension several years

Duration **5 days**

Due to

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy **130**

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? **Home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **no** (Specify type of place) (e) Means of injury **no**

23. Signature **P. E. Brown** (M. D. or other)

Address **Phelan Med Bldg** Date signed

MAR 30 1944

Dr Hansbrohn
Plaza Med Bg
L03150
Br Parsons Office

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 Wilks*

Licensed Embalmer No. *2644*

P. O. Address *1800 Pinewood*

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.