

FILED DEC 4 1944

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4722

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11-9-44-11-21-44
(Specify whether in this community years, months or days) 33 years

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") 5

(d) Street No. 1211 Woodland
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
 If yes, name country D

3. (a) PRINT FULL NAME EMMA AGEE

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

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Herbert Agée 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased November 28 1900
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21
 year 1944 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 9
1944 to Nov. 21, 19 44

that I last saw h er alive on November 21, 19 44
 and that death occurred on the date and hour stated above.

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

43 10 11 23 hr. min.

Immediate cause of death Uremia Duration

Due to Chronic hypertensive Nephritis

Due to Hypertensive type heart disease

9. Birthplace Gibson Station Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

Other conditions 13/15
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Willis Green

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

14. Maiden name Mattie Lewis

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Record Clerk

(b) Address Gen. Hosp. #2

17. (a) burial (b) Date thereof 11/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Mattie Bros.

(b) Address 1729 Lydia

19. (a) 11-24-44 (b) M. E. Brown
(Date received local registrar) (Registrar's signature)

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? _____

While at work? Yes (Specify type of place) _____
 (e) Means of injury _____

23. Signature G. O. Lusk (M. D. or other) _____

Address Gen. Hosp. #2 800 E. 22nd Date signed 11-21-

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.....

J. Manlove

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

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.