

FILED DEC 22 1944

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **4993**

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:  
2843 Troost  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 Months  
(Specify whether years, months or days)  
 In this community 68 Years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Jackson  
 (c) City or town Missouri  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 841 North Prospect  
(If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country ( )

**3. (a) PRINT FULL NAME** Emma Marguerite DeSpain

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife George DeSpain 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 8 27 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>3</u>	<u>11</u>	hr. min.

9. Birthplace New York City NY  
(City, town, or county) (State or foreign country)  
At Home

10. Usual occupation At Home

11. Industry or business

12. Name Elisha P. Monroe

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

14. Maiden name Mary E. Dixon

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

16. (a) Informant Mr. William H. Monroe

(b) Address 519 South Drury

17. (a) Burial (b) Date thereof 12-11-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Missouri

19. (a) 12-11-44 (b) P. E. Brown  
(Date received local registry) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 8th.  
 year 1944 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-1-1944  
 to 12-8-1944

that I last saw him alive on 12-1-1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Ch. Myocarditis and General Arterio-Sclerosis

Due to Ch. Myocarditis and General Arterio-Sclerosis

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

Major findings: Of operations ( )

Of autopsy ( )

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? (Specify type of place) (e) Means of injury ( )

23. Signature Frederick O. Baldwin M.D.

Address 317 Argyle Date signed 12/9/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

K.C. Mo.

Dr. Theodor ...  
Angela Kelly  
11-8-22

**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. W. Herrick  
Licensed Embalmer No. 3599  
P. O. Address A. 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.**