

FILED JAN 20 1948  
 Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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 9 1/2 DAYS  
(Specify whether years, months or days)  
 In this community 28 YRS.

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. 1622 AGNES  
(If rural, give location)  
 (e) Citizen of foreign country? NO  
(Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EMMA ABERNATHY

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

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased JANUARY 23, 1876  
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 15  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace SPRINGFIELD MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name EDWARD ROLLINS

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

14. Maiden name CAROLINE Mc CRACKER

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

16. (a) Informant LILLIAN CARRINGTON (FRIEND)

(b) Address 2320 TRACY

17. (a) Burial (b) Date thereof 1 12 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director [Signature]

(b) Address 1819 E. 14th K C Mo

19. (a) 1-10-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 8, year 1948 hour 2: minute 15 P. M.

21. I hereby certify that I attended the deceased from SEPTEMBER 29, 1947, to JANUARY 8, 1948, that I last saw her ER alive on JANUARY 8, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Due to DIABETES MELLITUS

Due to \_\_\_\_\_

Other conditions ARTERIOSCLEROTIC TYPE HEART DISEASE WITH HYPERTENSION  
(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) Mechanism of injury \_\_\_\_\_

23. Signature [Signature] M.D. or other M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 1/9/48

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

MOTHER FATHER

---

---

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.....

*W. G. Johnson*

Licensed Embalmer No. ....

4383

P. O. Address.....

1819 E. 15 Ken

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.