

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 149

Primary Registration District No. 1002

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 4 DAYS
(Specify whether
In this community 58 YRS.
years, months or days)

3. (a) PRINT FULL NAME

EMMA EDWARDS

3. (b) If veteran, name war no

3. (c) Social Security No. none

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 4 years (Year) 1869

7. Birth date of deceased MARCH (Month) 4 (Day) 1869 (Year)

8. AGE: Years 79 Months 1 Days 1 If less than one day hr. min.

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

10. Usual occupation HOUSEWORK

11. Industry or business

12. Name LOU EDWARDS

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

14. Maiden name CRECIE WILSON

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

16. (a) Informant MRS. FRANK AMOS (FRIEND)

(b) Address 14th VINE

17. (a) Removal (b) Date thereof 4 15 48 (Month) (Day) (Year)

(c) Place: burial or cremation St. School of Our Lady

18. (a) Signature of funeral director H. B. Moorhead

(b) Address 1820 E. 18th St.

19. (a) 4-15-48 (b) Geraldine Holmes (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. 631 CAMPBELL (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 5, year 1948 hour 4: minute 30 P.M.

21. I hereby certify that I attended the deceased from APRIL 1, 1948 to APRIL 5, 1948;

that I last saw her alive on APRIL 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC FAILURE Duration

Due to ARTERIOSCLEROTIC TYPE HEART DISEASE WITH HYPERTENSION

Due to GENERALIZED ARTERIOSCLEROSIS

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 938

Of autopsy

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Dr. [Signature] (M.D. or other) MD
Address GENERAL HOSPITAL NO. 2 Date signed 4/6/48

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

H B Moore

Licensed Embalmer No. *2440*

P. O. Address *1820 E 18th*

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.