

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12546

Registrar's No. 1835

48  
3  
8

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: General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

In this community 55 YEARS

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. 5533 Tracy  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Cora A. Emery

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25  
year 1948 hour 11 minute 30 AM

21. I hereby certify that I attended the deceased from April 23 1948 to April 25 1948  
that I last saw her alive on April 25 1948  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. ANDREW ELIAS EMERY

6. (c) Age of husband or wife if alive 19 years 1870

7. Birth date of deceased: (Month) APRIL (Day) 19 (Year) 1870

Immediate cause of death Cerebral vascular accident

Duration \_\_\_\_\_

8. AGE: Years 78 Months 0 Days 6  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

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

9. Birthplace CRAWFORD COUNTY KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

Other conditions: 830  
(Include pregnancy within 3 months of death)

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

12. Name WILL WILLIAMS

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

14. Maiden name HELEN PORTER

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

Major findings: Of operations \_\_\_\_\_

Of autopsy None

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant MR. JOHN ROBERT CAMPBELL

(b) Address DENVER, COLORADO

17. (a) BURIAL (b) Date thereof APRIL 27 1948  
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director O. H. Newcomer's son

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-27-48 (b) Geraldine Holmes  
(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? \_\_\_\_\_  
(Specify type of place) (c) Means of injury

23. Signature Wm W. Hart (M. D. or other) \_\_\_\_\_  
Address Med. Dir. Gen'l Hosp Date signed 4-26-48

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**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.....

*Bernard L. Jones*

Licensed Embalmer No. ....

*4250*

P. O. Address.....

*NC 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.**