

FILED APR 17 1948 / 49

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1212797  
State File No. \_\_\_\_\_  
Registrar's No. 1454

Registration District No. \_\_\_\_\_

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 #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 mos  
(Specify whether years, months or days)  
In this community 6 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. 1609 Wyandotte  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Neth

3. (b) If veteran, name war No 3. (c) Social Security No. 488-22-5710

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife ALBERT NETH 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased SEPTEMBER 25 1883  
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

12. Name JOSEPH LEONARD WOOD  
13. Birthplace DAVIS COUNTY MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name CHARA M. EDWARDS  
15. Birthplace CLAY COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie Hunter  
(b) Address 3405 Highland Ave.

17. (a) REMOVAL (b) Date thereof APRIL 2, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WINSTON, MISSOURI

18. (a) Signature of funeral director R.W. Thompson's Sons

(b) Address 1401 Bunker Creek Blvd. N. E. Mo.

19. (a) 4-2-48 (b) M. Geraldine Holmeas  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1  
year 1948 hour 9 minute 50 a.m.

21. I hereby certify that I attended the deceased from January 6, 1948 to April 1, 1948  
that I last saw her alive on April 1, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of head of pancreas with metastasis

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

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

Other conditions 4698  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy see above

Duration

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) (e) Means of injury 0

23. Signature R.W. Hart (M. D. or other) MD

Address Med. Dir'l Gen'l Hosp. #1. Date signed 4-1-48

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

MOTHER FATHER

*Ex. 1000000*

**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 *D.D. Nofsinger*.....

Licensed Embalmer No. *39238*.....

P. O. Address *Kansas City, 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.**