

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 419

Primary Registration District No. 1002

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. 2 0
(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 40 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1217 GARFIELD 8
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME EMMA DECKARD

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 11,
year 1948 hour 1: minute 35 A. M.

21. I hereby certify that I attended the deceased from AUGUST
7, 1948 to AUGUST 11, 1948
that I last saw h ER alive on AUGUST 11, 1948
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race NEGRO

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

6. (b) Name of husband or wife CLYDE DECKARD

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased FEBRUARY 16, 1896
(Month) (Day) (Year)

Immediate cause of death HEMORRHOIDS WITH REPEAT-ED HEMORRHAGE Duration _____

8. AGE: Years Months Days If less than one day

52 5 25 hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace PERRY KANSAS /
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

Major findings: Of operations _____

Of autopsy SAME AS ABOVE

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name ELI LEE

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

14. Maiden name JULIA

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

16. (a) Informant CLYDE DECKARD (HUSBAND)

(b) Address 1217 GARFIELD

17. (a) Burial (b) Date thereof 8/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

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? _____

18. (a) Signature of funeral director J. J. Jones

(b) Address 1729 Clyde Ave

19. (a) 8-13-48 (b) Therese Helms
(Date received local registrar) (Registrar's signature)

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

23. Signature [Signature] (M.D. or other) _____
Address GENERAL HOSPITAL NO. 2 Date signed 8/11/48

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

JJ Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.