

S. No. 2
M-5-43
r. 5-17-39
P I X36671

FILED NOV 16 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4355

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: Tuttles Convalesant Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Months
(Specify whether years, months or days)

In this community 65 Years

3. (a) PRINT FULL NAME Mary Ann Emmons

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jothathan Emmons

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased April 4 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>6</u>	<u>21</u>	<u>X</u> hr. <u> </u> min.

9. Birthplace Harrisburg Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Same

12. Name Richard Boyle

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

14. Maiden name Suan Simmons

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

16. (a) Informant Ralph E. Yates

(b) Address Randolph, Missouri

17. (a) Burial (b) Date thereof 10-27-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Missouri

18. (a) Signature of funeral director Morton-Smith's F.H.

(b) Address 832 Armour Road, N.K.C. Mo.

19. (a) 10-26-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Randolph
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. 5 North Kansas City
(If rural, give location)

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

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25 year 1948 hour 9 PM M.

21. I hereby certify that I attended the deceased from June 1, 1948 to Oct 25, 1948 that I last saw her alive on Oct 25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion / Hypertension 10 yrs / Senility 10 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy no

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?

M. B. Casbolt (Specify type of place)

Signature M B Casbolt (M. D. or other)

Address 11000 Palmyra K. City

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.....

Theron O Smith

Licensed Embalmer No. *3928*

P. O. Address. *North Kansas City*

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.