No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 20 1948

Registration District No. 949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36702

Registrar's No. 4511

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 # 2 17½ hrs
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mos, 5 das & (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48 3

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

(d) Street No. 1526 LYDIA
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JESSIE JOHN LONG

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex FEMALE 3

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased FEBRUARY (Month) 16 (Day) 1887 (Year)

8. AGE: Years 61 Months 8 Days ~~16~~ 15 If less than one day hr. min.

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

10. Usual occupation MATRON

11. Industry or business UNKNOWN

FATHER
12. Name BRITT PEMBERTON
13. Birthplace ? (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name FANNIE DICUS
15. Birthplace ? (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Sister: Almeta Robinson
(b) Address 1518 E. 24th St. Terrace

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield Mo

18. (a) Signature of funeral director Wilbert Smith
(b) Address Springfield Mo

19. (a) 11-5-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month NOVEMBER day 1st
year 1948 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from APRIL 26th, 1948, to NOVEMBER 1st, 1948; that I last saw h 45 alive on NOVEMBER 1st, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death
ATELECTASIS, CONGESTION, AND EDEMA OF THE LUNGS.
~~Due to~~ Death during NITROUS OXIDE ETHER PENTATHOL ANAESTHESIA AT
~~Due to~~ CONCLUSION OF SUBTOTAL THYROID-ECTOMy. toxic goiter

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 63 b

Of autopsy SAME AS 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?
(Specify type of place)

While at work? (e) Means of injury E. Frank Ellis

23. Signature E. Frank Ellis, MD (M. D. or other)

Address 600 East 22nd St. Date signed 11/2/48

(Licensed Embalmer's Statement on Reverse Side)

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 not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Herbert H. Smith

Licensed Embalmer No. 4286

P. O. Address Springfield Me

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.