

FILED MAR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4960

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>925</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (If in this place) <u>17 YEARS</u>		c. CITY OR TOWN <u>Kansas City</u>		3248		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kansas City Tuberculosis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3600 E. 12th</u>				
3. NAME OF DECEASED (Type or Print) <u>Halter Vize Emmons</u>			a. (First) <u>Halter</u> b. (Middle) <u>VIZE</u> c. (Last) <u>Emmons</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-23-1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7-15-1882</u>		
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		IF UNDER 1 YEAR _____		
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>Manager</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Recreation Parlor</u>			11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>Halter Emmons</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Shields</u>		14. NAME OF HUSBAND OR WIFE <u>Louis Emmons</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>515-18-7291</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louis Emmons</u> ADDRESS <u>3600 E. 12th St. KC. Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>002 1/2</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>9-19-</u> , 19 <u>50</u> , to <u>2-23-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-23-</u> , 19 <u>52</u> , and that death occurred at <u>8:25 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Edward P. Altomare</u> (Degree or title) <u>M. D. K.C. T.B. Hospital</u>				23b. ADDRESS		23c. DATE SIGNED <u>2-23-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 27, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>2-27-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Newcomer</u> ADDRESS <u>1331-800th CREEK KANSAS CITY, MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Robert Ray

Signed.....

Student Embalmer

Licensed Embalmer No. 14182

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.