

REC'D AUG 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24837

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Tow Primary Registration District No. 1002

(c) City Kansas City (d) Street No. 1401 Virginia Ave Registered No. 3050

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jesse Emerson

(a) Residence, No. 01401 Virginia St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jannie Emerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1890

7. AGE YEARS 48 MONTHS 7 DAYS 3 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as saw mill, bank, etc. Emerson

10. Date deceased last worked in this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

FATHER

13. NAME Mose Emerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT J. B. Emerson (ADDRESS) 1401 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Hensley Park DATE 7-31-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. B. Moore 1920 E-18-3 St

20. FILED July 29, 1939 M. M. Grove Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to July 28, 1939

I last saw him live on 7/28, 1939 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis

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Date of onset

Other contributory causes of importance: Uremia

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify

(Signed) J. B. Moore, M. D.
(Address) 1618 1/2 St

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

AB Moor

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed

AB Moor

Licensed Embalmer No. 2410

P. O. Address 1820 East 18th

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, above space should be left blank.