

Registration District No. **15 3990**

Primary Registration District No. **1002**

Registrar's No. **1651**

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  
Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day (Specify whether  
In this community 50 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1720 West 34th Street Terrace  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th  
year 1940 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from  
Coroner 19  , to   , 19  ;

that I last saw h   alive on   , 19  ;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Brushing against of  
left leg.  
Due to Railroad train  
Due to   

Other conditions  
(Include pregnancy within 3 months of death)   

Major findings:  
Of operations   

Of autopsy See above

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 4/16/40

(c) Where did injury occur? Terminal of K.C. RR  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Domestic place (pedestrian)

While at work    (Specify type of place)  
Means of injury Train

23. Signature [Signature] (M. D. or D. O.) 4/18/40  
Address [Signature] Date signed   

3. (a) PRINT FULL NAME Mr. Otis Emery 560

3. (b) If veteran, name war None 3. (c) Social Security No. 703-03-8923

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Nellie Emery 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased September 15 1872  
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 2 If less than one day  
hr.    min.   

9. Birthplace Reford Michigan 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer 2

11. Industry or business K.C. Terminal Railway Co. 4

12. Name Jacob Emery

13. Birthplace Toronto Canada 1  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Shattuck

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

16. (a) Informant A. J. Emery

(b) Address 1720 West 34th St. Terrace

17. (a) Burial (b) Date thereof April 19, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 11144 Mt. Moriah Cemetery

18. (e) Signature of funeral director [Signature]

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-18-1940 (b) M. M. Grome  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

**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 James H. Page Sup

Licensed Embalmer No. 41219

P. O. Address 1309 Brush Creek K.

**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.**