

FILED JUL 17 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Non-Resident
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Myrtle Mae Emery 560

8. (b) If veteran, name war No 8. (c) Social Security No. No

20. DATE OF DEATH: Month June day 27th
year 1940 hour 6 minute 20 P.M.

MEDICAL CERTIFICATION

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Bess Emery 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased May - 22 - 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 24, 1940 to June 27, 1940
that I last saw her alive on June 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of heart - Labor pneumonia Duration _____

8. AGE: Years 49 Months 1 Days 5 If less than one day _____ hr. _____ min.

Due to Shock - Thyroid Crises

9. Birthplace Kingston Missouri
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Housewife

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER

12. Name Frank Coshov

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

14. Maiden name Emma Dorkus

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

Major findings: Of operations Hypertrophied thyroid

Of autopsy Acute Dilatation of heart - labor pneumonia

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Bess Emery

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

(b) Address Kingston, Mo.

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof 6-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Kingston, Mo.

(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director Cramer's Clark

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

(b) Address Kingston Missouri

While at work _____ (Specify type of place)

19. (a) June 27, 1940 (b) M. M. Grome
(Date received local registrar) (Registrar's signature)

23. Signature Dr. G. B. Hoberg (M. D. or other) _____
Address Professional building Date signed 6-27-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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, or by.....

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

Signed Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston 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, above space should be left blank.