

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37701

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4299

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:  
2463 Walrond  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community 25 yrs (Specify whether 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. 2463 Walrond  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11  
year 1940 hour 1 minute 25 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on Nov. 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocardial infarction  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Myocardial Stenosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy NO

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) NO  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature J. Henry George (M. D. or other) \_\_\_\_\_  
Address 2648 Clark St. St. Joe, Mo Date signed 11-11-40

8. (a) PRINT FULL NAME Emma Montsinger  
8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept-9-1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 26 If less than one day \_\_\_\_\_ yr. \_\_\_\_\_ min.

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

10. Usual occupation at Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Fielden Swendell  
13. Birthplace mo (City, town, or county) (State or foreign country)  
14. Maiden name Parthena Wigginton  
15. Birthplace mo (City, town, or county) (State or foreign country)

16. (a) Informant A. S. Montsinger  
(b) Address 810 Wheeling

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov-13-40 (Month) (Day) (Year)  
(c) Place: burial or cremation Calhoun mo

18. (a) Signature of funeral director Mr. C. L. Foster  
(b) Address 718 Brooklyn St. mo  
11-11-40

19. (a) \_\_\_\_\_ (b) M. M. Brown (Registrar's signature)  
(Date received local registrar)

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

NOV 11 1940

24 Cleveland  
2618 Cleveland  
Hi 6001

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**