

FILED AUG 16 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2703

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:  
General Hospital #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 10 years 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 048  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1725 Bellevue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Bacon

3. (b) If veteran. name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Antenour 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 8 17 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 10 29 hr. min.

9. Birthplace Travis County Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

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

12. Name Moses Landes  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Annie Calloway  
15. Birthplace Boonville Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Luella Patterson

(b) Address 1741 Madison

17. (a) Burial (b) Date thereof 7 19 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th St.

19. (a) 2-15-41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 16  
year 41 hour 8 minute 05 A. M.

21. I hereby certify that I attended the deceased from 7-15 to 7-16 19 41  
that I last saw her alive on 7-16 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation with Generalized Edema.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 950  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(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? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]  
Address Gen. Hosp # 2 Date signed 7-17-41

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

48  
3  
8

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**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.....

*Edw. Evans*

Licensed Embalmer No.....

3836

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, fact should be so stated above.**