No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 24 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40955

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 4633

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

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: Wheatley-Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: one night (Specify whether years, months or days)
In this community: About 15 years

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.: 1220 The Paseo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Emma Jones Ware
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: Widowed
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: February (Month) 15, (Day) 1905 (Year)

8. AGE: Years 36 | Months 9 | Days 21 | If less than one day: hr. min.

9. Birthplace: Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation: Housework
11. Industry or business:

MOTHER FATHER
12. Name: Will Jones
13. Birthplace: Mississippi (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Emma L. Cooper
(b) Address: 1220 The Paseo, Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 13, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Blue Ridge Lawn Cemetery
18. (a) Signature of funeral director: Fannie L. Meek
(b) Address: 1708 E. 18th, Kansas City, Mo.
19. (a) Dec. 13 1941 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7th. year 1941 hour 7. minute 15 A. M.
21. I hereby certify that I attended the deceased from December 6. 1941, to Dec. 7. 1941; that I last saw h. ex. alive on Dec. 7. 1941; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cerebral Apoplexy
Due to: ruptured blood vessel
Due to: arterial hypertension
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 830
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: F. E. Grange (M. D. or other) U
Address: 2204½ E. 18th. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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 Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address 1708 E. 18th St. A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.