

FILED JUN 7 1943

Primary Registration District No. **1002**

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:  
**K.C. General Hospital No. 1 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **25 minutes**  
(Specify whether  
In this community **2-5 min.**  
years, months or days)

3. (a) PRINT FULL NAME **Emmons infant**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **infant**

6. (b) Name of husband or wife ----- 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased **April 20th 1943**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
hr. **25** min.

9. Birthplace **Kansas City Gen. Hosp. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **infant**

11. Industry or business -----

MOTHER FATHER { 12. Name **Harlan Emmons**  
13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Neomia Emmons**  
15. Birthplace **Kansas 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Record clerk**

(b) Address **K.C. Gen. Hospital**

17. (a) **Burial** (b) Date thereof **5-7-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **burial**

18. (a) Signature of funeral director **Wm A. Johnson**

(b) Address **City, Missourian**

19. (a) **5-7-43** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 48**  
(c) City or town **Kansas City 3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1217 Washington 8**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20th**  
year **1943** hour **9:00 A.M.** minute ----- M.

21. I hereby certify that I attended the deceased from **4-20-43**, 19\_\_\_\_, to **4-20-43**, 19\_\_\_\_;  
that I last saw him alive on **4-20-43**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity**  
Duration  
**159**

Other conditions (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?

23. Signature **Amey R. Thom 0** (M. D. or other)  
Address **Med. Dir. K.C. Gen. Hospital** Date signed -----  
While at work? (Specify type of place) (c) Means of injury -----

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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.....

..... 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, fact should be so stated above.**