

No. 2
4-2-43
5-17-39
1 X35627

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37436

FILED NOV 19 1943

State File No. _____

4546

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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:
2521 Elma
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 56 Years (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. 2521 Elma
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA LAURA SECRIST

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe. 5. Color or race White

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

6. (b) Name of husband or wife Ridgely

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

7. Birth date of deceased July 29, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 2 23 hr. min.

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

10. Usual occupation Homemaker

11. Industry or business None

12. Name Henry Cooper

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

14. Maiden name Emma Morgan

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

16. (a) Informant Minnie Belle Trussell

(b) Address 2521 Elma

17. (a) Removal (b) Date thereof Oct. 26 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director C. H. Slackman & Son, Inc.

(b) Address 2825 Independence Blvd., Kansas City, Mo.

19. (a) 10-26-43 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
year 1943 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 6 1943, to Oct 22 1943
that I last saw her alive on Oct. 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Cerebral hemorrhage with left hemiplegia 16 days

Due to hypertension ?

Other conditions alveolar abscesses ?
(Include pregnancy within 3 months of death)

Major findings: Of operations 830

Of autopsy _____

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) _____

23. Signature Dr. C. N. Edwards (M. D. or other)

Address 2603 Indep. Blvd Date signed 10-25-43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

301 (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..... *R. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address..... *H. C. 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, fact should be so stated above.