

FILED APR 4 1945

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

Registration District No. 288

Primary Registration District No. 5964

Registrar's No. 24

1. PLACE OF DEATH: P. Lott Pettis Twp.  
 (a) County Platte  
 (b) City or town Parkville Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 1 month 5 da years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Platte  
 (c) City or town Rural 83  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Parkville Mo R2  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EMMA MAE STILL  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex Fe 5. Color or race Whit 5. (a) Single, widowed, married, divorced, single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan 18 1945  
 (Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 3  
 year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from 3/1/45 19\_\_\_\_ to 3/1/45 19\_\_\_\_  
 that I last saw her alive on 3/1/45 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

8. AGE: Years \_\_\_\_\_ Months 1 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Bacterial Pneumonia Duration 3 day

9. Birthplace Kansas City Mo  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation infant

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Samuel Still  
 13. Birthplace Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Ada Mae Cresson  
 15. Birthplace Mo  
 (City, town, or county) (State or foreign country)

Major findings: 107  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Samuel Still  
 (b) Address Parkville Mo R2  
 17. (a) Burial (b) Date thereof 3-5-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Liberty Mo  
 18. (a) Signature of funeral director Morton Funeral Home  
 (b) Address Mo Kansas City Mo  
 19. (a) 3-3-45 (b) Mrs. Clay Kiffes  
 (Date received local registrar) (Registrar's signature)

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?  
 While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature P. H. Deane (M. D. or other) \_\_\_\_\_  
 Address Porta R. C. Mo Date signed 3/5/45

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

MOTHER FATHER

RECEIVED  
District Health Officer No. *Plate Co. Health*  
District File Number *4-45-34*  
Date Filed *4-1-45*

**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 *John S. Morton*

Licensed Embalmer No. *4349*

P. O. Address *No. 1212*

**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.**