

No. 2  
1-5-43  
5-17-39  
I X36571

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23581

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

FILED AUG 4 9 1946

Registration District No. 1002

Registrar's No. 3227

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 Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether years, months or days)

In this community 33 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 1801 W. 41st St. 8  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Effie Dale Emmons

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex Female 25. Color or race Negro

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

6. (b) Name of husband or wife Jess B. Emmons

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May 5, 1888  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>2</u>	<u>19</u>	hr. <u>0</u> min. <u>0</u>

9. Birthplace Galiton, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER, FATHER

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

12. Name Tom Dale

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

14. Maiden name Rose Allen

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

16. (a) Informant Jess B. Emmons

(b) Address 1801 W. 41st St.

17. (a) Burial (b) Date thereof 7/26/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

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

(b) Address 1729 Lydia Ave

19. (a) 7-25-46 (b) Deraldine Holme  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1946 hour 12 minute 45 AM

21. I hereby certify that I attended the deceased from July 15  
1946 to July 24 1946  
that I last saw her alive on July 24 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus

Due to Tubercia

Other conditions 48 &  
(Include pregnancy within 3 months of death)

Major findings: no operation

Of operations \_\_\_\_\_

Of autopsy no

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? \_\_\_\_\_

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

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) O. M. D.

Address 1618 Lydia Date signed 7/24/46

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

23433

*Handwritten signature*

**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 *J. Jerome Marlowe*

Licensed Embalmer No. *3994*

P. O. Address *25-13 Highland*

**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.**