. S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27109

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3764

1. PLACE OF DEATH:

(a) County Jacksom
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hours (Specify whether
In this community Two Years
years, months or days)

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. 15 East 32nd, Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JACKIE FOSTER EMERY

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 22, (Day) ~~1944~~ 1943 (Year)

8. AGE: Years 2 Months 9 Days 8 If less than one day hr. min.

9. Birthplace Alexander, (City, town, or county) Virginia (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Albert Thomas Emery
13. Birthplace Wayne, (City, town, or county) Michigan (State or foreign country)

MOTHER
14. Maiden name Juanita Foster
15. Birthplace Seymour, (City, town, or county) Texas (State or foreign country)

16. (a) Informant Mr. Albert Thomas Emery
(b) Address Kansas City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director Roland R Speaks
(b) Address Independence, Missouri

19. (a) 9-2-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1946 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 29-1946 19 to Aug 30, 1946
that I saw him alive on Aug 30 1946 1:15 PM 46
and that death occurred on the date and hour stated above.

Immediate cause of death Delayed Surgical Shock

Due to Emergency appendicitis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 121.2

Of autopsy

Duration

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 2

23. Signature Sorland DeShore (M. D. or other) DO
Address 3739 Main Date signed 9-1-46

(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 Roland R. Speake

Licensed Embalmer No. 3604

P. O. Address Independence 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.