

No. 2
-5-43
-17-39
X36671

FILED JAN 14 1947

State File No. _____

Registration District No. 280

Primary Registration District No. 2421

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Parkville Peter
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 11 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Platte 83
(c) City or town Parkville
(If outside city or town limits, write "RURAL")
(d) Street No. City
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Shortess Staats

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

5. Color or race Female / White
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John De Modt Staats
6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Feb. 13 - 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 27
If less than one day _____ hr. _____ min.

9. Birthplace Eufaula Alta
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business home

12. Name Jessie Shortess

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

14. Maiden name Mary Reeder

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

16. (a) Informant Mrs Ida Wells

(b) Address Parkville Mo

17. (a) burial (b) Date thereof Dec 12 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park - K.C. Mo

18. (a) Signature of funeral director Leland H Francis

(b) Address Parkville Mo

19. (a) Dec 14 - 1946 (b) Mrs. Sophia Roelmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 1946 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 1
1946 to Dec 10 1946
that I last saw her alive on Dec 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Leakage of Heart Duration 1 year

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations NO D

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? _____

While at work? _____ (Specify type of place) (e) Means of injury D

23. Signature J. Underwood (M. D. or other)

Address Parkville, Mo. Date signed 12/12/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Leland G. Francis

Licensed Embalmer No. 2451

P. O. Address Forkville 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.