S. No. 2
OM—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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34626

FILED OCT 25 1947

Registration District No. 7479 Primary Registration District No. 1001 Registrar's No. 4314

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: 3
16th PROSPECT
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 32 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: JACKSON 48
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL") 3
(d) Street No.: 3337½ E 10th (If rural, give location) 8
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: MRS EMMA PAULEY
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NO
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: DIVORCED
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: JAN (Month) 31 (Day) 1887 (Year)

8. AGE: Years 60 Months 8 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace: SPRINGFIELD (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business: HOME
MOTHER FATHER
12. Name: NO RECORD
13. Birthplace: " " (City, town, or county) 9 (State or foreign country)
14. Maiden name: NO RECORD
15. Birthplace: " " (City, town, or county) 9 (State or foreign country)
16. (a) Informant: JAMES PAULEY
(b) Address: 6645 E 15th TERRACE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 10-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation: FLORAL HILLS
18. (a) Signature of funeral director: SHEIL FUNERAL HOME
(b) Address: KANSAS CITY MO
19. (a) 10-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 11th year 1947 hour 3 minute 22 P.M.
21. I hereby certify that I attended the deceased from 3 ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above. 48

Immediate cause of death: Shock 11/0 3

Due to: Demo-pneumothorax, Rt.

Due to: Fracture of Ribs - 1-7th (Rt)

Other conditions (Include pregnancy within 3 months of death): Auto Car Trauma

Major findings: Of operations: Deputy Coroner Pedestrian struck

Of autopsy: See above

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): Accident 1,2,3
(b) Date of occurrence: 10-12-47
(c) Where did injury occur? Kansas City Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? NO (Specify type of place) (e) Means of injury: Trauma
23. Signature: A. E. Upsher (M. D. or Coroner)
Address: 2800 Main Date signed: 10/13/47

(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.....

Licensed Embalmer No. 3625

P. O. Address. K.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.