

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33851

State File No. _____

4312

FILED OCT 20 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 79 yrs.
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2 d. STREET ADDRESS (If rural, give location) 2012 Bellview 3500

3. NAME OF DECEASED a. (First) Emma b. (Middle) _____ c. (Last) Simpson 4. DATE OF DEATH (Month) (Day) (Year) 10 4 1951

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 5-4-70 9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Unemployed 11. BIRTHPLACE (State or foreign country) Kansas City, Kansas 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Henry Conway 13b. MOTHER'S MAIDEN NAME Hannah Lylia James Simpson 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. No 17. INFORMANT'S SIGNATURE OR NAME Myrtle Grant ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture, femur intertrochanteric Section
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Bronchial pneumonia
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Kansas city Jackson Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-1-51 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR fell down steps

22. I hereby certify that I attended the deceased from 10-1 1951, to 10-4 1951, that I last saw the deceased alive on 10-4 1951, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis (Degree or title) V.M.D. 23b. ADDRESS MD 600 East 22nd Street 23c. DATE SIGNED 10-9-51

24a. BURIAL, CREMATION REMOVAL (Specify) Burial 24b. DATE 10/9/51 24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG 10-9-51 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE Walter Bus ADDRESS 18th & Benton

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

L. Lawrence A. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. *4439*

P. O. Address. *18th & Benton*

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.