

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25 1930

File No. 37107
Registered No. 444
St. _____ Ward _____

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township Union Primary Registration District No. 3034
City _____ (No. 5970)

2. FULL NAME

John W. Embree

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 21 - 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Embree

17. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1929, to Nov. 21, 1930 that I last saw him alive on Nov. 21, 1930, and that death occurred, on the date stated above, at 9:45 p. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 1st 1873

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 20

45 Acute dilatation of heart, a few minutes (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (SECONDARY) Chronic myocarditis (duration) 1 yrs. 6 mos. — ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH In Moberly, Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

10. NAME OF FATHER Thomas B. Embree

WHAT TEST CONFIRMED DIAGNOSIS Physical symptoms
(Signed) E. H. Sprader, M. D.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Mary J. Sumpter

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Moberly, Mo (Address) Moberly, Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs. Alice Embree (Address) Moberly, Mo. R.F.D.

20. PLACE OF BURIAL, CREMATION, OR REMOVAL Shelledge Cemetery near Middle Grove DATE OF BURIAL 11-23-1930

15. FILED 11/21, 1930 Dr. Thos. S. Fleming REGISTRAR

21. UNDERTAKER W. H. & Son Moberly Mo. ADDRESS _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

