

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

14570
Do not use this space.

REC'D MAY 10 1938

1. PLACE OF DEATH

(a) County Franklin. Registration District No. 297
 (b) Township..... Primary Registration District No. 3016
 (c) City Washington (d) Street No. St. Francis Hospital Registered No. 44
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 16 yrs. X mos. 28 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joe John Emann 550

(a) Residence, No. 117 W. Fifth, Washington MO. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary Anna Emann
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2nd, 1871.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 11 11
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed.
 9. Industry or business in which work was done, as saw mill, bank, etc. Pipe Worker.
 10. Date deceased last worked at this occupation (month and year) 1934. 11. Total time (years) spent in this occupation 10 yrs.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 13th, 1938.

22. I HEREBY CERTIFY, That I attended deceased from March 30 - 1938, to April 13 - 1938
 I last saw him alive on April 13 - 1938. Death is said to have occurred on the date stated above, at 11:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Gastric Carcinoma
 Date of onset Unknown
 Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) Union,
 (STATE OR COUNTRY) Missouri, R.F.D.

FATHER 13. NAME Ferdinand Emann
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown.
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Germany.

17. INFORMANT Mrs. Mary Anna Emann,
 (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Apr. 16th, 1938

19. FUNERAL DIRECTOR Nieburg & Vitt, Inc.,
 (ADDRESS) Washington, Mo.

20. FILED Apr. 14 1938 H.A. May
 Local Registrar

Name of operation None Date of
 What test confirmed diagnosis? Coloured Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify H. A. May
 (Signed) H. A. May, M. D.
270 (Address) Washington, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every name or number should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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STATEMENT BY LICENSED EMBALMER

I, A. J. Meiburg, Licensed Embalmer No. 2387

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed A. J. Meiburg

Licensed Embalmer No.....

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.)