

REC'D JUL 17 1938

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

Do not use this space.

1. PLACE OF DEATHCounty ClayTownship Fishing RiverCity Excelsior Springs, Mo. No. Veterans Admin. FacilityRegistration District No. 198Primary Registration District No. 3011

21631

File No.

Registered No. 92St. 3d

Ward)

2. FULL NAME MAKEMSON, Emil Allen(a) Residence, No. Veterans Administration Facility Ward. Rt. #1, Buckner, Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR ~~WIFE OF~~) Verna Makemson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>46</u>	<u>1</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical Work9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown10. Date deceased last worked at this occupation, (month and year) Unknown 11. Total time (years) spent in this occupation Unknown12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pierceton, Indiana13. NAME William G. Makemson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pierceton, Ind.15. MAIDEN NAME Mary Smith16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Ky.17. INFORMANT Hospital Records
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE K. C. City Mo. DATE 7-11-38
7-16-3819. UNDERTAKER (ADDRESS) C. H. Blackman, Kansas City, Mo.20. FILED July 11, 1938 Dorcas M. Clark
Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1938 1922. I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1938, 19....., to July 8, 1938, 19.....I last saw him alive on July 8, 1938, 19..... Death is saidto have occurred on the date stated above, at 12:50 p. m.

The principal cause of death and related causes of importance were as follows:

Congestive heart failureOther contributory causes of importance: 94Coronary diseaseName of operation -- Date of --What test confirmed diagnosis? -- Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? NO 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?.....

If so, specify --(Signed) John E. Kelly, M. D.(Address) Veterans Administration Facility
Excelsior Springs, Missouri

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

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