

1939 MAY 18

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

14830

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 305
(b) Township Panama Primary Registration District No. 4184
(c) City Owensville (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 530 William T. Emde 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 (OR) WIFE OF Elizabeth Emde

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 - 1864

7. AGE YEARS 74 MONTHS 11 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) Owensville (STATE OR COUNTRY) Mo

13. NAME Christopher Emde

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 0

15. MAIDEN NAME Sarah Garrison

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 0

17. INFORMANT George A. Emell (ADDRESS) Blount Mo. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE New Salem Cem DATE 4 - 26, 1939

19. FUNERAL DIRECTOR W. F. Gettenstracter (ADDRESS) Owensville Mo

20. FILED May 2 1939 Leah A. Barnes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 - 1939

22. I HEREBY CERTIFY, That I attended deceased from 3 - 30, 1939, to 4 - 23, 1939.
I last saw him alive on 4 - 23, 1939. Death is said to have occurred on the date stated above, at 2:20 p.m.
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia
myocarditis chronic
arteriosclerosis
arteriosclerotic hypertension

Other contributory causes of importance: Chronic emphysema
senility

Name of operation none Date of _____
What test confirmed diagnosis? none 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 _____
(Signed) Leah A. Barnes M. D.
(Address) Owensville, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Melford H H Hunter, Licensed Embalmer No. 3838
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Melford H H Hunter
Licensed Embalmer No. 3838

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.)