

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

22806

Do not use this space.

1. PLACE OF DEATH

(a) County NEWTON Registration District No. 609
 (b) Township 1 Primary Registration District No. 4363
 (c) City NEOSHO (d) Street No. _____ St. _____
 (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 17 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 516 HARLAN GUY EMBREY St. _____
NEOSHO, MO. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) MAGGIE EMBREY
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 28, 1872
 7. AGE YEARS 67 MONTHS 3 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. INSURANCE
 9. Industry or business in which work was done, as saw mill, bank, etc. AND REAL ESTATE
 10. Date deceased last worked at this occupation (month and year) 6-30-39 11. Total time (years) spent in this occupation 13

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 6/30, 1939, to 6/30, 1939
 I last saw him alive on 6/30, 1939. Death is said to have occurred on the date stated above, at 10 P. M.
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

6/30/39

Other contributory causes of importance: 94W

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) C. P. Maness, M. D.
 (Address) Neosho, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI
 13. NAME W. R. EMBREY
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE
 15. MAIDEN NAME MARTHA PATTON
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI
 17. INFORMANT Helen Embrey (ADDRESS) NEOSHO, MO.
 18. BURIAL, CREMATION, OR REMOVAL PLACE DICE CEMETERY DATE 7-2, 1939
 19. FUNERAL DIRECTOR (NAME) Ashley G. Payne (ADDRESS) Neosho, Mo.
 20. FILED 7-3, 1939 Angela Salum Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Donald Reed Registered Apprentice No. 202
working under my personal supervision.

Signed

J. B. Lamm

Licensed Embalmer No. 3689

P. O. Address Reeds Mo

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, above space should be left blank.