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.

REC'D JUL 18 1939

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

23057
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph 2
(b) Township Cairo 1
(c) City
Registration District No. 729
Primary Registration District No. 3963
Registered No. 8
(d) Street No. ..... St.
(e) Length of residence in city or town where death occurred 14 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

516

2. PRINT FULL NAME Annie Margaret Embree
(a) Residence, No. R.F.D. # 3 Moberly Mo. St.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov., 22, 1856

7. AGE: Years 82 | Months 4 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middle Grove Missouri

FATHER
13. NAME Henry Engle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME ~~Harriett Stewart~~
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Missouri

17. INFORMANT Mrs. Fred Baker
(ADDRESS) R.F.D. Moberly Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Madison Mo. DATE Apr. 18, 1939

19. FUNERAL DIRECTOR (NAME) Snow Funeral Home
(ADDRESS) Moberly Missouri 658

20. FILED May 10, 1939 J. P. Allen
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr., 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1938, to Apr 16, 1939
I last saw her alive on Apr 13, 1939. Death is said to have occurred on the date stated above, at 230 Am.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset

131

Other contributory causes of importance:
Old age

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

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) John P. Allen, M. D.
(Address) Cairo Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-39-1301
Date Filed JUL 13 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by myself + by R. M. Cater

Registered Apprentice No. 185, working under my personal supervision.

Signed Chas. E. Barnes

Licensed Embalmer No. 2414

P. O. Address Moberly 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.