

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

42633
Do not use this space.

JAN 15 1940

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1. PLACE OF DEATH

(a) County Atchison Registration District No. 22
 (b) Township Lincoln Primary Registration District No. 5011 Registered No. _____
 (c) City _____ (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jennie Peck Emery

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Emery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb/ 10th, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 10 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 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) June, 1928
 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER 13. NAME J S Peck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Mary McCloy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Lee Emery
Omaha, Nebraska

18. BURIAL, CREMATION, OR REMOVAL PLACE Locust Grove DATE 1/ 2/ 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Westboro, Missouri

20. FILED Jan 1 1940 GILBERT 10
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1939, to Dec 31, 1939
 I last saw her alive on Dec 10, 1939. Death is said to have occurred on the date stated above, at 9:30 am.
 The principal cause of death and related causes of importance were as follows:

Coronary Art disease Date of onset 12-31-39

Other contributory causes of importance:

Secondary Anemia
Arthritis - Hypertrophic

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) Wm J. Emery M. D.

(Address) Shenandoah, Ia

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, Scott Tucker, or by _____

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

Signed Scott Tucker

Licensed Embalmer No. 2824

P. O. Address Westboro, 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.