

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

7732
Do not use this space.

1. PLACE OF DEATH

(a) County..... Pettis Registration District No. 664
 (b) Township..... plk. Fork Primary Registration District No. 5883 Registered No. 1
 (c) City..... (d) Street No. 7 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Route 1, Green Ridge, Missouri (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 (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William W. Embree
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1876
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
66 4 0 1

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. 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 Lake Creek County Missouri

FATHER 13. NAME Anton Yost
 14. BIRTHPLACE (CITY OR TOWN), STATE OR COUNTRY unknown Germany

MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN), STATE OR COUNTRY unknown

17. INFORMANT William W. Embree
 (ADDRESS) Route 1, Green Ridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hickory Point DATE Feb. 2, 1940
Pettis County, Mo.

19. FUNERAL DIRECTOR (NAME) Duane Ewing
 (ADDRESS) Sedalia Mo.

20. FILED Feb. 1, 1940 H. R. Shelby
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1939, to Jan 31, 1940
 I last saw her alive on Jan 30, 1940 Death is said to have occurred on the date stated above, at 1 A. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of ascending colon & adjacent parts metastasis Date of onset D.K.

Other contributory causes of importance:
4/6

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chinsep 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) H. A. Hite, M. D.
 (Address) Green Ridge, Mo.

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.

1 X1605

RECEIVED
District Health Officer No. 8
Service File Number
Date Filed 3/5/40

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

Signed *Marian Ewing*
Licensed Embalmer No. *3847*
P. O. Address *Sedalia, 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.