

FILED MAY 15 1940 791

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St Louis, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: BARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3-10-40 TO 4-17-40
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME John Carl Emerson 512

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Aug. 16 1880
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 8 1 hr. min.

9. Birthplace Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business Own Business

12. Name David Scott Emerson 9

18. Birthplace Ohio
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. R. Voelker

(b) Address Joplin, Mo.

17. (a) Removal (b) Date thereof 4-20-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) APR 18 1940 (b) J. D. Bradley
 (Date received local registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town Joplin NR
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2324 Joplin
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
 year 1940 hour 1:45 minute A M.

21. I hereby certify that I attended the deceased from 3-10
 1940 to 4-17 1940

that I last saw him alive on 4-17 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia with abscess formation in left upper and left lower lobe of lung.

Due to abscess from broncho pneumonia

Due to non tubercular

Other conditions 101
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy As above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature FR Bradley (M. D. or other)

Address BARNES HOSPITAL Date signed _____

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.

1940-1941 MISSOURI STATE BOARD OF HEALTH DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

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..... *Albert G. Hoffa*

Licensed Embalmer No.....

P. O. Address.....

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.