No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21338

Registration District No. 93 Primary Registration District No. 5139 Registrar's No. 10

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Braymer rural Fairview Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: ~~In hospital or institution~~ 9 (Specify whether years, months or days)

In this community 7 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Braymer, Mo rural (If outside city or town limits, write "RURAL")

(d) Street No. Fairview Township (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Dolly Madeline Emery 560

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife W. E. Emery

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. (Month) 9 (Day) 1881 (Year)

8. AGE: Years 59 Months 4 Days 11 If less than one day ..... hr. 0 min.

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

10. Usual occupation housewife

11. Industry or business 9

MOTHER FATHER

12. Name Gideon Finks

13. Birthplace Unknown (City, town, or county) New York (State or foreign country)

14. Maiden name Annie Craley

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

16. (a) Informant W. E. Emery

(b) Address Braymer, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22 1940 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Bernard F. Mead

(b) Address Braymer, Missouri

19. (a) June 22 (Date received local registrar) (b) H. H. Patterson 97 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1940 hour 6:00 p. m. minute ..... M.

21. I hereby certify that I attended the deceased from Oct 23, 1939, to June 20, 1940, that I last saw he alive on June 19, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	6-20-40
Due to Metastatic Carcinoma of the rt breast	10 yrs
Due to primary	
Other conditions (Include pregnancy within 3 months of death) 5D	

Major findings:
Of operations
Of autopsy

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? ~~at home~~ (Specify type of place)

While at work? (e) Means of injury

23. Signature John R. Cranks M.D. or other D.O.

Address Braymer, Mo Date signed 6-21-40

(Licensed Embalmer's Statement on Reverse Side)

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 Bernard L. Meal

Licensed Embalmer No. 2801

P. O. Address Braymer, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.