

FILED SEP 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28223

State File No. _____

Registration District No. 156

Primary Registration District No. 5220

Registrar's No. 43-

I. PLACE OF DEATH:

(a) County Cass Peculiar Twp.
(b) City or town Peculiar
(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 _____
In this community _____
years, months or days 2 1/2

3. (a) PRINT FULL NAME WILMA MAE EMERY
3. (b) If veteran, name war ✓
8. (c) Social Security No. ✓

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 17 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Cass Co Mo. _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name W. Emery
18. Birthplace Harrison Co Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Harrison
16. Birthplace Harrison Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Emery
(b) Address Harrisonville Mo
17. (a) burial (b) Date thereof 8/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Mo.

18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO.

19. (a) 8/24/40 (b) Beckley M.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass
(c) City or town Harrisonville - (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1940 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from May 19, 1940
_____ 19 _____, to August 23, 1940
that I last saw her alive on August 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
(very sudden onset)

Due to _____
Due to _____

Other conditions Mongolian Idiocy
(include pregnancy within 4 months of death)
Congenital Heart Disease

Major findings: _____
Of operations _____
Of autopsy _____

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

23. Signature Beckley (M. D. or other) _____
Address Harrisonville Mo Date signed 8/24/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

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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.

not embalmed

Signed _____

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.