

SEP 2 1940

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

29905  
Do not use this space.

1. PLACE OF DEATH
- (a) County Stary Registration District No. 845
- (b) Township Peers Primary Registration District No. 6108
- (c) City Peers Spring Mo 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 SARAH EMMERSON
- (a) Residence, No. Peers Spring Mo 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 F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed
- 5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF D.R. Emerson  
(OR) WIFE OF \_\_\_\_\_
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.
- 77 9 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Widow
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1
- FATHER
13. NAME Jacob Fisher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6
- MOTHER
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6
17. INFORMANT (ADDRESS) Mrs Ed McCormick  
Peers Spring Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Peers Spring Mo Aug 6 40
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Everett Cheatham  
Galena Mo
20. FILED Aug 15 40 L.S. Stearns  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1940
22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1940, to Aug 4 1940
- I last saw him alive on Aug 4 1940. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Uremia Date of onset \_\_\_\_\_

Chronic Albuminuria 8 mos

92 W

Other contributory causes of importance: Renal insufficiency 1 yr

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_
- (Signed) L.S. Stearns, M. D.
- (Address) Peers Spring Mo

RECEIVED

District Health Officer No. 6,

District File Number ~~940-2517~~ 940-2517

Date Filed ~~SEP 04 1947~~

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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.....

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.**