

FILED MAR 19 1941

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

7551

Do not use this space.

## 1. PLACE OF DEATH

(a) County Maries Registration District No. 5763  
 (b) Township Boone Primary Registration District No. 5743 Registered No. 3  
 (c) City Rural (d) 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 Matilda Emory

(a) Residence, No. Meta Mo RFD #10 St. Mo  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_  
 7. AGE YEARS 88 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## 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.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Vienna  
 (STATE OR COUNTRY) Missouri

## FATHER

13. NAME John Newton  
 14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

## MOTHER

15. MAIDEN NAME Matilda Newton  
 16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

17. INFORMANT B. Mrs. B. Stubbenton  
 (ADDRESS)

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Faunern Cem DATE Feb 12 1941

19. FUNERAL DIRECTOR Carl Birmingham  
 (ADDRESS) Vienna Mo

20. FILED Feb 13 1941 Mrs. Ross Lawson  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1941 to Feb 7, 1941

I last saw her alive on Feb 7, 1941. Death is said to have occurred on the date stated above, at 6 a.m.

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

Mitral insufficiency Date of onset unknown

Other contributory causes of importance:  
Arteriosclerosis unknown

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

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

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ X \_\_\_\_\_ Date of injury \_\_\_\_\_ X \_\_\_\_\_, 1941

Where did injury occur? \_\_\_\_\_ X \_\_\_\_\_  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
 \_\_\_\_\_ X \_\_\_\_\_

Manner of injury \_\_\_\_\_ X \_\_\_\_\_

Nature of injury \_\_\_\_\_ X \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) Carl Birmingham Do

(Address) Brinktown, Mo

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**