Dr. Wills 10693

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 10 1949 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10693

Registration District No. ..... Primary Registration District No. 2001 Registrar's No. 228

1. PLACE OF DEATH
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2 6
(If outside city or town limits, write "RURAL")
(d) Street No. 2513 N. Campbell
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Frederick C. Emerson
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lucy Emerson
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Jan. (Month) 25 (Day) 1850 (Year)

8. AGE: Years	Months	Days	If less than one day
91	1	21	hr. min.

9. Birthplace Swanville (City, town, or county) Maine (State or foreign country) 1
10. Usual occupation Retired
11. Industry or business Congregational Minister
MOTHER FATHER
12. Name Josiah H. Emerson
13. Birthplace Unknown (City, town, or county) Maine (State or foreign country) 1
14. Maiden name (Unknown) Brown
15. Birthplace Unknown (City, town, or county) Maine (State or foreign country) 1
16. (a) Informant Paul Emerson
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 19 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 3-19-41 (Date received local registrar) (b) W. E. Naudly M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1941 hour 11 minute 30 a. M.
21. I hereby certify that I attended the deceased from 2/27, 1941, to March 16, 1941 that I last saw him alive on March 16, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis with asthma — Duration
Due to Heart failure (Chronic Myocarditis)
Due to Senility
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations 9 2 F
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. L. Wiggs (M. D. or other) M
Address Springfield, Mo. Date signed 3/18/41

(Licensed Embalmer's Statement on Reverse Side)

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

No. 2
4-13-40
5-17-39

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, Mo

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

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