

2
41
39
28390

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 701

Primary Registration District No. 5930

Registrar's No. 2628

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Rural Marion
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emmett Elias Medley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 24 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Alfred Medley
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Harlan
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Harlan Medley

(b) Address Kansas City Missouri

17. (a) Burial (b) Date thereof June 21 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home and care

18. (a) Signature of funeral director Dutchess Co

(b) Address Polk Missouri

19. (a) 6-20 (b) J. J. Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 teenth
year 1941 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary occlusion

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

30 at home (Specify type of place) _____
While at work? _____ (Specify means of injury)

23. Signature Jear Pitts (M. D. or other) Coroner

Address _____ Date signed _____

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

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1186

Date Filed 7-14-41

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 Junior Grable

Licensed Embalmer No. 4140

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, fact should be so stated above.