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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

DEC 15 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38306

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 928

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: None 759 College (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 47 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield (If outside city or town limits, write "RURAL")

(d) Street No. 759 College (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nora Viola Emhoff

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th year 1941 hour 10:55 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 10-31 to 11-25 1941

that I last saw her alive on 11-25-41 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Duration 5 days

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Michael M. Emhoff 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased April 30, 1867 (Month) (Day) (Year)

Due to arterio sclerosis

Due to Renally

Other conditions (Include pregnancy within 3 months of death) 420

8. AGE: Years 74 Months 6 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Shelby County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation In Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Alfred Vanskike

13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

14. Maiden name Margaret Frasher

15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

16. (a) Informant Floyd Emhoff

(b) Address Springfield, Missouri

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 11/30/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home Springfield, Missouri

(b) Address \_\_\_\_\_

23. Signature Mary Jean Othert (M. D. or other) M.D.

Address 333 E. Duane Date signed 12-2-41

19. (a) 11-29-41 (b) W.E. Handley (Date received local registrar) (Registrar's signature)

984 (Licensed Embalmer's Statement on Reverse Side) Springfield, Mo.

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

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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.....

*Harlow Fratt*

Licensed Embalmer No. *4065*

P. O. Address *Springfield, Mo*

**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.**