

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10724

State File No.

Registration District No. 303

Primary Registration District No. 4182 5420

Registrar's No.

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural -- Roark Twp
(c) Name of hospital or institution:
7 miles south west of Hermann
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 68 years (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME JOHN PETER EMO

3. (b) If veteran, name war 0 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive years

7. Birth date of deceased November 17, 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Hermann 6 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter & Laborer

11. Industry or business Carpenter

12. Name Peter EMO

13. Birthplace 5 France
(City, town, or county) (State or foreign country)

14. Maiden name Regina Jordon (State or foreign country)

15. Birthplace Hermann 0 Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella M. Doll

(b) Address Hermann, Missouri

17. (a) Burial (b) Date thereof 3/8/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Georges Catholic

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Missouri

19. (a) March 7-42 (b) Anna K. Rieckhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Hermann
(If outside city or town limits, write "RURAL")
(d) Street No. 224 W. 3rd Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 4
year 1942 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-4
1942 to 3-4 1942

that I last saw him alive on 3-4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to

Due to

Other conditions 92 b
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(a) Means of injury 0

23. Signature Howard Workman (M. D. or other) 0

Address Hermann Mo Date signed 3-6-42

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

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.....

Nugent & O'Connell

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.