

FILED JUL 13 1942
Registration District No. 209

Primary Registration District No. 4125

State File No. _____

Registrar's No. 30-23

25
035

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

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Plattsburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 81 yrs. 3 da.
years, months or days

3. (a) PRINT FULL NAME EMMA A. Desmond

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female | 5. Color or race white

6. (a) Single, widowed, married 2 divorced widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 14 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>0</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Mieringer

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

14. Maiden name Minnie Gandy

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

16. (a) Informant Mrs Horace Riley

(b) Address Plattsburg Mo.

17. (a) Burial (b) Date thereof 6 19 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director O'Brien - Lyon

(b) Address Plattsburg Mo.

19. (a) June 18 42 (b) Mrs A C Hartell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

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

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1942 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from June 9
1942 to June 17 1942
that I last saw her alive on June 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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?

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature J. B. Shultz (M. D. or other) _____
Address Plattsburg Mo. Date June 18 42

Duration

2 mm.

8 Mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Daniel D. Lyon*.....

Licensed Embalmer No. *3640*.....

P. O. Address *Plattsburg 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.