

**AUG 21 1942**  
Registration District No. 5789

Primary Registration District No. 5789

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town Middleton (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Private Hosp  
(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 Montgomery  
(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? No (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME Annie Eliza Emerson

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

4. Sex 7 1 race W 5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if 29 years  
7. Birth date of deceased 4 - 29 - 1863  
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 2 If less than one day  
hr. min.

9. Birthplace Alney Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business.....

12. Name Newton Emerson

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

14. Maiden name Elmer Davidson

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

16. (a) Informant O. S. Branstetter

(b) Address Middleton Mo

17. (a) Rural (b) Date thereof Aug 1 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middleton

18. (a) Signature of funeral director F. W. Kubel  
(b) Address Wellsville Mo

19. (a) July 31 1942 (b) Mrs. Aurella Holt  
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1942 hour 14 minute 0 A. M.  
21. I hereby certify that I attended the deceased from July 15 1942 to July 31 1942 that I last saw her alive on July 31 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis  
Chronic Myocarditis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death) 93d

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?.....

(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 A. J. Finch M.D. (M. D. or other) M.D.

Address Middleton Mo Date signed 7/31/42

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

70  
00

1304

**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..... *[Handwritten Signature]*.....  
Licensed Embalmer No. *3059*.....  
P. O. Address *Wellsville 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.**