

FILED NOV 4 1942

Registration District No. 43

Primary Registration District No. 2007

Registrar's No. 329

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1112 Tremont
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 years
In this community 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 1112 Tremont
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Ella Emery

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

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 29 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Chas. Ackman
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Alvina Lawson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Emery

(b) Address Gideon, Missouri

17. (a) Burial (b) Date thereof 10-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Missouri

19. (a) 10-12-42 (b) Ella Emery
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October Day 7
Year 1942 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Burns Duration
Copy of Coroners Jury Verdict
"We the jury find that the person was
Due to accidentally killed by fire caused
from gas stove over or by causes
Due to unknown to the jury"

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
181-1
15
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) Accident

(b) Date of occurrence October 7, 1942

(c) Where did injury occur? Poplar Bluff, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home, 1112 Tremont

While at work? (Specify type of place) (e) Means of injury

23. Signature Alfred McGhee Coroner
(M.D. or other)

Address Poplar Bluff, Mo Date signed 10/7-42

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

12
3

RECEIVED

District Health Office No. 2,

District File Number 1142-1341

Date Filed 11-2-42

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.....

Licensed Embalmer No.....

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.