

S. No. 2  
M-9441  
v. 5-17-39  
I X29484

34469

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 10 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 74

Registration District No. 270

Primary Registration District No. 5910

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00  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Pemiscot  
(b) City or town Tyler, Pemiscot twp.  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pemiscot  
(c) City or town Tyler  
(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 Joyce Emerson  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 15  
year 1942 hour 9 minute A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct. 15 1942  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-15-42  
10-15- 1942, to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on 10-13- 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hr. 15 min.

Immediate cause of death Prematurity  
Due to \_\_\_\_\_  
Due to 159  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Tyler Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation None  
11. Industry or business None

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
12. Name Samuel E. Emerson  
13. Birthplace Henderson Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Mildred M. Galianan  
(City, town, or county) (State or foreign country)  
15. Birthplace Woodville Okla.  
(City, town, or county) (State or foreign country)  
16. (a) Informant Samuel M. Emerson  
(b) Address Tyler, Mo.

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 Oct. 16 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Zion Cemetery  
18. (a) Signature of funeral director German Untd. Co.  
(b) Address Steele, Missouri  
19. (a) 10-23-42 (b) Jessie M. Markey  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury D  
23. Signature P. E. Cooper (M. D. or other) M.D.  
Address Carter, Mo. Date signed 10-20-42

1206 (Licensed Embalmer's Statement on Reverse Side)

11442-22

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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.....

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.