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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37461

State File No.

Registration District No. 179 Primary Registration District No. 4287 Registrar's No.

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town TROY. (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN 57 3 0

(c) City or town TROY. (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.

3. (a) PRINT FULL NAME EMMA AMELIA HUNTER

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 PARREN HUNTER

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

7. Birth date of deceased NOV. (Month) 19 (Day) 1868 (Year)

8. AGE: Years 74 Months 0 Days 11 If less than one day hr. min.

9. Birthplace WARREN Co. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

FATHER
12. Name FREDRICK SCHURMEYER
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name MARY ELIZABETH BOHMER
15. Birthplace WARREN Co (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Myrtle Hunter

(b) Address Troy Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 3 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Troy Cem. Troy Mo.

18. (a) Signature of funeral director Kemper Funeral Home

(b) Address Troy Mo.

19. (a) Dec. 3-42 (Date received local registrar) (b) Mrs. Fluy Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Dec~~ 1 day 1 St.

year 1942 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from July, 1940 to Dec 1, 1942

that I last saw her alive on , 19 ;

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Insuffering	30 days
Due to Parkinsonian Disease	3 years
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)

(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)

While at work (c) Means of injury

23. Signature Joe Clesecco (M. D. or other)

Address Troy, Mo. Date signed Dec 3 '42

1108

(Licensed Embalmer's Statement on Reverse Side)

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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy 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.