

**FILED MAR 11 1943**

Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **44**

1. PLACE OF DEATH:

(a) County **Callaway**  
(b) City or town **Fulton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **State Hospital No. 21**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 M 70** (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **John M. Embree**  
3. (b) If veteran, name was \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color of race **W**  
6. (a) Single, widowed, married **2 divorced Widowed**  
6. (b) Name of husband or wife **51c** 6. (c) Age of husband or wife if alive **Deceased** years  
7. Birth date of deceased **Dec 10 1860**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **2** Days **1** If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **Monroe Co Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Joshua Embree**  
13. Birthplace **Key 1**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Ellen Swartz**  
15. Birthplace **51c 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Record**  
(b) Address \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **2-13-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Madison**  
18. (a) Signature of funeral director **J. G. Hopper**  
(b) Address **Charlottesville Mo**

19. (a) **Feb 12-43** (b) **John Mordinkhoff**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Randolph**  
(c) City or town **Moberly** **21**  
(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 **Feb.** day **11**  
year **1943** hour **10** minute **P** M.

21. I hereby certify that I attended the deceased from **2/9/1943** to **2/11/1943**  
that I last saw him alive on **2/11/1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration \_\_\_\_\_

Due to **Arteriosclerosis**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **93**

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? \_\_\_\_\_

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

23. Signature **George A. Rogers** (M. D. or other) **MD**  
Address **Fulton Mo** Date signed **2/12/43**

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

2

1149

**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

*L. C. Hopper*

Licensed Embalmer No.

*4261*

P. O. Address

*Clarence 740*

**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.**