S. No. 2
M—1-4-41
v. 5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

Registration District No. 240

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4322

State File No. 7005

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Princeton, Mo.
(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: 40

(a) State Mo. (b) County Grundy 0

(c) City or town Spickard, Mo. 0
(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 David Emmack

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife .....

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

7. Birth date of deceased May (Month) 26 (Day) 1877 (Year)

8. AGE: Years 65 Months 8 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Iowa / (State or foreign country)

10. Usual occupation Shoe Repairer

11. Industry or business .....

FATHER
12. Name William Emmack
13. Birthplace Unkown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Delaine Morris
15. Birthplace Unkown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Lucil Houck

(b) Address Princeton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-43 (Month) (Day) (Year)

(c) Place: burial or cremation Princeton, Mo.

18. (a) Signature of funeral director Joan Martin

(b) Address Princeton, Mo.

19. (a) 2/22/43 (Date received local registrar) (b) Jessie Alley (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17 year 1943 hour 4 minute 30 AM.

21. I hereby certify that I attended the deceased from ✓ ....., 19..., to ....., 19...; that I last saw him alive on Feb. 16, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Uraemic coma — Duration 48 hrs

the result of Chronic glomerulo nephritis; precipitated by

Due to Influenza (severe) — 7 days.

Also exacerbation acute of

Due to articular arthritis (both knees and both wrists)

Other conditions .....
(Include pregnancy within 3 months of death)

131 b

Major findings:
Of operations .....

Of autopsy None made.

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? ..... (e) Means of injury .....

23. Signature A S Bristow (M. D. or other) MD

Address Bristow Bldg Princeton, Mo. Date signed 2/17/43

(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~~ Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed H. Evan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, MN

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.