

FILED APR 14 1943
Registration District No. **282**

Primary Registration District No. **3055**

84

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

1. PLACE OF DEATH

(a) County **Polk**
(b) City or town **Balmar**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community **none** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk**
(c) City or town **Balmar**
(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 **Leslie Fairfield Emmons**

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 **married**
6. (b) Name of husband or wife **Beryl Emmons**
6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **Jan 19 1867**
(Month) (Day) (Year)

8. AGE: Years **76** Months **1** Days **20** If less than one day hr. min.

9. Birthplace **(Unknown) Michigan**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

12. Name **James Emmons**
13. Birthplace **(Unknown) Michigan**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Brown**
15. Birthplace **(Unknown) 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Beryl Emmons**

(b) Address **Balmar Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Mar 11 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **city cemetery**

18. (a) Signature of funeral director **Alice Palmer**
(b) Address **Balmar Mo**

19. (a) **Mar 15 1943** (Date received local Registrar) (b) **Alice Palmer** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **9**
year **1943** hour **12** minute **P** a.m.

21. I hereby certify that I attended the deceased from **1938 P**
19 **March 9** 19 **43**
that I last saw him alive on **March 9** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute dilatation of Heart**
Due to **Myocarditis; Vascular-renal disease**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **131a**

Of autopsy

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 **Alice Palmer** (b) **Alice Palmer** (Date of other)
Address **Balmar, Mo.** Date signed **3-15-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1298

RECEIVED
District Health Officer No. 7
District File Number 3-43-11
Date Filed 4-3-43

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 Chas. Jester

Licensed Embalmer No. 4154

P. O. Address Bolivar 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.