

Registration District No. 299

Primary Registration District No. 8056

State File No.

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution: St. Corneille Hospital
(d) Length of stay: 1 day
In this community eleven years

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County macon
(c) City or town Moberly
(d) Street No. ✓
(e) Citizen of foreign country? ✓
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 36
year 1943 hour 8 minute 10 A.M.
21. I hereby certify that I attended the deceased from 3-25
1943 to 3-26 1943
that I last saw him alive on 3/26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: hemorrhage in brain
Duration: 2 ds
Due to: _____
Due to: _____
Other conditions: 83a
(Includes pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations: _____
Of autopsy: _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ Means of injury _____
23. Signature F. L. McCormick (M. D. or other) _____
Address Moberly, Mo Date signed 3-26-43

3. (a) PRINT FULL NAME Charles Manson Embree

3. (b) If veteran, name war Spanish American 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 Prima Smith 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Feb 17 - 1878

8. AGE: Years 70 Months 9 Days ✓ If less than one day _____ min. _____

9. Birthplace Randolph Co Mo

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Connie Embree

13. Birthplace Randolph Co Mo

14. Maiden name Mary Jane Stimp

15. Birthplace Randolph Co Mo

16. (a) Informant Anna Embree

(b) Address Moberly, Mo

17. (a) burial (b) Date thereof 3-28-43

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Wanda Thompson

(b) Address Moberly, Mo

19. (a) 3/26/43 (b) Anna Embree

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

MOTHER FATHER

1036

APR 12 1943

RECEIVED

District Health Officer No. 10

District File Number 4-43-656

Date Filed APR 8 1943

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 Paul G. Johnson

Licensed Embalmer No. 1470

P. O. Address Madison, Ind.

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.