

No. 2
A-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21405**
Registrar's No. **93**

FILED JUL 12 1943
Registration District No. **1504**

Primary Registration District No. **3021**

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

1. PLACE OF DEATH:
(a) County **GRUNDY**
(b) City or town **TRENTON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1504 East 12th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **81 years** (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **GRUNDY**
(c) City or town **TRENTON**
(If outside city or town limits, write "RURAL")
(d) Street No. **1504 East 12th St**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM F. EMBRY**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Wava Embry** 6. (c) Age of husband or wife if alive **76** years
7. Birth date of deceased **Sept 20 1861**
(Month) (Day) (Year)

8. AGE: Years **81** Months **9** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **Grundy Co Ky** (City, town, or county) **Mo - 0** (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farmer**

12. Name **William Embry**

13. Birthplace **Franklin Kentucky** (City, town, or county) (State or foreign country)

14. Maiden name **Paulina Lecher**

15. Birthplace **Franklin Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Beulah Cado**

(b) Address **Trenton, Mo.**

17. (a) **burial** (b) Date thereof **7-1-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shelburn Cemetery**

18. (a) Signature of funeral director **Dani F. Roberts**

(b) Address **Trenton, Mo.**

19. (a) **6-30-43** (b) **D. J. Roberts**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **28th**
year **1943** hour **9:30** minute **P** M.

21. I hereby certify that I attended the deceased from **April 17th 1943** to **June 25th 1943**
that I last saw him alive on **June 25th 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chr. Myocarditis** Duration **2 years**

Due to _____
Due to _____

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? _____

While at work? _____ (Specify type of place) (Means of injury)

23. Signature **Oliver R. Duffy** (M. D. or other) **MD**
Address **Trenton, Mo.** Date signed **June 30- 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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *Raymond A. Davis*.....

Licensed Embalmer No. *3424*.....

P. O. Address *Drexler, 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.