

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 12 1948

Registration District No. ....

Primary Registration District No. 5664

Registrar's No. 72

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

1. PLACE OF DEATH:

(a) County Lewis Rural

(b) City or town Williamstown Reddish Twp

(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 \_\_\_\_\_

In this community 79 yrs, 8 mos, 26 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 56

(a) State Missouri (b) County Lewis

(c) City or town Williamstown Rural

(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Jett Northcraft

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

3. (c) Social Security No. Old Age Act

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1948 hour PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from JULY 22 1948 to JULY 26 1948 that I last saw her alive on JULY 26 1948 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife W. H. Northcraft

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

7. Birth date of deceased October 30 1863

(Month) (Day) (Year)

Immediate cause of death URAEMLIA

Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>8</u>	<u>26</u>	_____ hr. _____ min.

Due to CHRONIC NEPHRITIS

9. Birthplace Williamstown Missouri

(City, town, or county) (State or foreign country)

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

10. Usual occupation at home

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_

12. Name Dr. John Ford

Of autopsy \_\_\_\_\_

13. Birthplace Unknown Missouri

(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

14. Maiden name Mekessia Fretwell

15. Birthplace Unknown Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Wykoff

(b) Address Williamstown, Mo.

17. (a) Burial (b) Date thereof 7/28/48

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewistown, Missouri

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? \_\_\_\_\_

18. (a) Signature of funeral director James [Signature]

(b) Address Lewistown, Mo

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

(c) Means of injury \_\_\_\_\_

23. Signature W. F. Ellen M.D. (M. D. or other)

Address La Grange Mo Date signed 7/27/48

19. (a) 7-31-48 (b) P. W. Jennings M.D.

(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

Case File Number

8-43-1356

Date Filed

AUG 11 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

*M. S. G.*

Registered Apprentice No.

working under my personal supervision.

Signed

*James A. Cocher*

Licensed Embalmer No.

2532

P. O. Address

Leesistown, Pa.

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.