

FILED SEP 13 1943
Registration District No. 46

Primary Registration District No. 5152

36

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

1. PLACE OF DEATH:

(a) County **CALDWELL**
(b) City or town **RURAL GRANT**
(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. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Caldwell**
(c) City or town **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 **WALTER HARLEY EMERY**

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. **MARCH 31 1924**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 4 22 hr. min.

9. Birthplace **KINGSTON MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business

MOTHER FATHER { 12. Name **BEN EMERY**
13. Birthplace **KINGSTON MISSOURI**
(City, town, or county) (State or foreign country)
14. Maiden name **MYRTLE MAY COSHAV**
15. Birthplace **KINGSTON, MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **BEN H. EMERY**
(b) Address **KINGSTON MO.**

17. (a) **BURIAL** (b) Date thereof. **8-27-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **KINGSTON CEMETERY**

18. (a) Signature of funeral director. **CRAMER CLARK**

(b) Address **KINGSTON MO.**

19. (a) **9/2/43** (b) **Corrine Laneth**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **23**
year **1943** hour **7** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw **her** alive on **dead** _____, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Drowning**
Body under water
Duration **3 hrs.**

Due to **Sank while swimming**

Due to **183-36**

Other conditions **none**
(Include pregnancy within 3 months of death)
E. C. Thompson M.D., Coroner
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) **Accident**
(b) Date of occurrence **Aug 23 - 1943**
(c) Where did injury occur? (City or town) (County) (State)
7 arm Pond
(Specify type of place)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **Swimming** (e) Means of injury
23. Signature **E. A. Thompson** (M. D. or other)
Address **Breckenridge MO** Date signed **Aug 23 - 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..... *Cramer Colark*

Licensed Embalmer No..... 3257

P. O. Address..... KINGSTON, MISSOURI

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.