

5. No. 2
1-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3805
Registrar's No. 216

Registration District No. 157 Primary Registration District No. 3028

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(c) Name of hospital or institution: 1116 James
(d) Length of stay: 62 years
In this community 62 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage
(d) Street No. 1116 James
(e) Citizen of foreign country? NO
If yes, name country - - -

3. (a) PRINT FULL NAME Albert Claud Embree
3. (b) If veteran, name war No
3. (c) Social Security No

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Nettie Embree
6. (c) Age of husband or wife if alive - - years
7. Birth date of deceased December 7 1880

8. AGE: Years 62 Months 11 Days 11
If less than one day hr. min.

9. Birthplace Carthage Missouri

10. Usual occupation Painter & Paper Hanger

11. Industry or business None

12. Name Thomas J. Embree

13. Birthplace Unknown

14. Maiden name Fannie Snell

15. Birthplace Unknown

16. (a) Informant John Glass

(b) Address Carthage, Missouri

17. (a) Burial (b) Date thereof Nov. 19, 1943

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri
19. (a) Nov. 19, 1943 (b) Elizabeth Couplin

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1943 hour 3 minute 15 AM.
21. I hereby certify that I attended the deceased from Jan 10
1943 to May 15 1943
that I last saw him alive on Sept 11 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bright's Disease

Due to
Due to

Other conditions (Include pregnancy within 3 months of death) 131 lb

Major findings: Of operations
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?
(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 J. E. Baker (M. D. or other)
Address Park View Date signed 11-19-43

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

MOTHER, FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

43-11-991

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.....

Emm Retuep

Licensed Embalmer No.....

391

P. O. Address.....

Carlsberg

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.