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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JAN 15 1944

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 44

Primary Registration District No. 4061

Registrar's No. 40

1. PLACE OF DEATH:
 (a) County Caldwell
 (b) City or town Braymer
 (c) Name of hospital or institution Milwaukee Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Past ten years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Caldwell
 (c) City or town Braymer
 (If outside city or town limits, write "RURAL")
 (d) Street No. Milwaukee Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Emma Ellen Wall

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, Widowed

6. (b) Name of husband or wife R. A. Wall 6. (c) Age of husband or wife if Deceased

7. Birth date of deceased Feb.-4th., -1867
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>10</u>	<u>24</u>	<u>hr. min.</u>

9. Birthplace Ray County, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Keeping House

12. Name James R. Hunt

13. Birthplace Not Known, Virginia
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Morris

15. Birthplace Not Known, Not Known
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geneva Pence
 (b) Address Braymer, Mo.

17. (a) --Burial-- (b) Date thereof Dec.-30-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove Cemetery

18. (a) Signature of funeral director E. P. Michael
 (b) Address Braymer, Mo.

19. (a) Jan 1 - 1943 (b) E. A. Thompson
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28th
 year 1943 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 1939 1943 to Dec 28 1943
 that I last saw him alive on Dec 28 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Decompression 2 day
 Duration _____

Due to Arteriosclerosis 70 yrs

Other conditions (Include pregnancy within 3 months of death) Curvature of Spine

Major findings: None

Of operations: None

. Of autopsy: None

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None
 Where did injury occur? None
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work? None (Specify type of place) (e) Means of injury None

23. Signature Dr. B. D. Hoadley (Physician's signature)
 Address Braymer, Mo. Date signed Jan 1 1943

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

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

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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

E. P. Michael

Licensed Embalmer No. 1363

P. O. Address Braymer, 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.