

S. No. 2
M-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. _____

FILED FEB 1 1944
Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Cole Co.

(b) City or town Jefferson City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
408 Adam St, Jefferson City Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community About 36 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 408 Adam St, Jefferson City Mo.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY EMMERSON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1944 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from
July 14, 1943 to Jan. 17, 1944
that I last saw her alive on Jan. 17, 1944
and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race negro

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

6. (b) Name of husband or wife Husband Jackson Emerson

6. (c) Age of husband or wife if alive no years

7. Birth date of deceased: 10 31 1891
(Month) (Day) (Year)

Immediate cause of death: Hypostatic Pneumonia

Duration _____

8. AGE: Years 72 Months 2 Days 17
If less than one day _____ hr. _____ min.

Due to Fractured Right Hip
Fall 1.13.43

9. Birthplace Cooper Co Mo.
(City, town, or county) (State or foreign country)

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation Laundry service

Major findings: _____
Of operations _____

Of autopsy 39

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

11. Industry or business _____

12. Name John Henderson

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Max America Cole

(b) Address 408 Adam St Jefferson City

17. (a) Burial (b) Date thereof 1-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation city cemetery

18. (a) Signature of funeral director R. D. Jordan

(b) Address 412 N. Cass St - Republic Mo.

19. (a) 1-25-44 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence _____

(c) Where did injury occur? Jefferson City Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Store

While at work? no (Specify type of place) (e) Means of injury Fall

23. Signature J. A. Osburn (M. D. or other) M. D.

Address Jefferson City, Mo. Date signed 1/19/44

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

MOTHER FATHER

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.....

L. D. Hardiman

Registered Apprentice No.....

working under my personal supervision.

Signed *L. D. Hardiman*

Licensed Embalmer No. *4268*

P. O. Address *Galatia 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.