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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 16 1947 2113

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15307A

Registration District No. 2113 Primary Registration District No. 4364 Registrar's No.

1. PLACE OF DEATH:

(a) County: Newton

(b) City or town: Stella (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cardwell Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 hrs (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Newton

(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? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: William Donald Embrey

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~~: Married

6. (b) Name ~~of husband or~~ wife: Thelma B. Embry

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

7. Birth date of deceased: December (Month) 5 (Day) 1917 (Year)

8. AGE: Years 26 Months 3 Days 10 If less than one day hr. min.

9. Birthplace: Newton Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER

12. Name: Clyde Embrey

13. Birthplace: Newton Co. (City, town, or county) Missouri (State or foreign country)

MOTHER

14. Maiden name: Mary Harris

15. Birthplace: Newton Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Thelma Embrey

(b) Address: Stella, Missouri R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 18, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Dice Cemetery

18. (a) Signature of funeral director: Culver Funeral Home

(b) Address: Cassville Missouri

19. (a) (Date received local registrar) (b) R. M. James M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1944 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 3-15, 1944, to 3-15, 1944 that I last saw ~~him~~ alive on 3-15, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Extensive Burns Entire body - arms and legs burned.

Due to:

Due to:

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

Major findings: Of operations:

Of autopsy:

Duration

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: 3-15-44

(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? home (Specify type of place)

While at work? (e) Means of injury: explosion

23. Signature: C. Cardwell (M. D. ~~or other~~)

Address: Stella Mo. Date signed 3-28-44

(Licensed Embalmer's Statement on Reverse Side)

DEC 17 1942

MAY 12 1950

JUN 1 1951

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 Margaret Culver, Registered Apprentice No. 357 working under my personal supervision.

Signed L. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.