

FILED JUN 2 1944

State File No. _____

Registration District No. 8

Primary Registration District No. 4144

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Pilot Grove
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 74 yrs. (Specify whether years, months or days)
In this community 74 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Pilot Grove, Mo
(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 EMMA-LENA-DERLY.

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

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

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased SEPT-7-1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 3 If less than one day 1 hr. ✓ min.

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

10. Usual occupation Housewife

11. Industry or business same as above

12. Name Christian Weichler

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

14. Maiden name unknown

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

16. (a) Informant Ray Derby

(b) Address Pilot Grove, Mo

17. (a) Burial (b) Date thereof 15-12-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove Cemetery

18. (a) Signature of funeral director James Y. ...

(b) Address Pilot Grove, Mo

19. (a) May 11-44 (b) Dr. Chas. Swap.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1944 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from April 28th 1944 to MAY 10 1944
that I last saw her alive on 8-10-44 MAY 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Transition Duration _____

Due to Cirrhosis of the liver

Due to _____

Other conditions (Include pregnancy within 3 months of death) 124 ft

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? _____ (City or town) (County) (State)

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

18. (a) Signature of physician _____ (Specify type of place) While at work? (e) Means of injury _____

23. Signature CR Gableton (Date received) _____

Address Pilot Grove, Mo Date signed 5/11/44

WRITE PLAINLY - USE UNFADING INK

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-1-77

JUN 12 1947

JUN 30 1947

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

Licensed Embalmer No. 3074

P. O. Address Pilot Grove

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

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