S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30982

FILED OCT 13 1944

Registration District No. 1 Primary Registration District No. 5489 Registrar's No. 98

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Melbourne - Sugar Creek Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 41
(c) City or town Melbourne Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Sugar Creek Twp.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Pilcher
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Stephen F. Pilcher
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 10, 1874 (Month) (Day) (Year)
8. AGE: Years 69 Months 11 Days 13 If less than one day — hr. — min.
9. Birthplace Harrison County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business None
MOTHER FATHER
12. Name Henry Peoria
13. Birthplace Harrison County Missouri (City, town, or county) (State or foreign country)
14. Maiden name Susan Speery
15. Birthplace Harrison County Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Fitzgerald L. Pilcher
(b) Address Melbourne, Mo.
17. (a) buried (Burial, cremation, or removal) (b) Date thereof Sept 26 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Pine Cemetery, Grundy Cty
18. (a) Signature of funeral director Raymond Dean
(b) Address Trenton, Mo.
19. (a) Sept. 27 44 (Date received local registrar) (b) Zola M. Burres (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24th year 1944 hour 4 o'clock minute P. M.
21. I hereby certify that I attended the deceased from Sept 22, 1944, to Sept 24, 1944 that I last saw he alive on Sept 24, 1944 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral Hemorrhage
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 830
Major findings:
Of operations
Of autopsy

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)
(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?
While at work? (Specify type of place) (e) Means of injury
23. Signature J. C. Walker (M. D.) D.O.
Address Gallatin, Mo. Date signed 9/25/44

303 (Licensed Embalmer's Statement on Reverse Side)

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

myself, Registered Apprentice No.

working under my personal supervision.

Signed Rayme A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.