

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

File No. 34391

FILED OCT 20 1944

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 127

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3 mi N.E. Lewis Summit
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 71 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Rural Prairie
(If outside city or town limits, write "RURAL")

(d) Street No. 3 mi N.E. Lewis Summit
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Amelia Emanuel

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19th
year 1944 hour 11 minute 52 a.M.

21. I hereby certify that I attended the deceased from
4-29 1940 to 9-19 1944
that I last saw her alive on 8-19 1944
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife 0

6. (c) Age of husband or wife if alive 0 years

7. Birth date of deceased: Jan. 19 - 1873
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration 7-8 yrs

8. AGE: Years 71 Months 8 Days 0
If less than one day 0 hr. 0 min.

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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

10. Usual occupation Home work

11. Industry or business Home

12. Name Casper Emanuel

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

14. Maiden name Katherine Sternhauer

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

16. (a) Informant Mrs. Elizabeth Scheel

(b) Address Lewis Summit Mo

17. (a) Burial (b) Date thereof Sept. 21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewis Summit Mo

18. (a) Signature of funeral director N. B. Gangeford

(b) Address Lewis Summit Mo

19. (a) Sept 20, 1944 (b) F. M. Scheel by E. M. J.
(If he received local registrar) (Registrar's signature)

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)

(c) Means of injury.....

23. Signature [Signature] (M. D. or other) Med
Address Lewis Summit Mo Date signed 9-20-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

1162

(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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

H. B. Langford

Licensed Embalmer No.

3833

P. O. Address.....

Lees Summit, Pa.

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.