

Registration District No. 209

Primary Registration District No. 3043

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Levering Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 5 Days (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64  
(c) City or town Palmyra 2  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. Palmyra Mo  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Reubin Primer Emery

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 0 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 7 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 8 22 hr. \_\_\_\_\_ min.

9. Birthplace Elk Fork Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (Retired) 3 yrs

11. Industry or business \_\_\_\_\_

12. Name Silas Right Emery

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

14. Maiden name Melisse Bovee

15. Birthplace Mendon Michigan 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Orville Collins  
(b) Address Wauseon City, Mo

17. (a) Burial (b) Date thereof 8/31/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Judes: Honroe Cit

18. (a) Signature of funeral director Nelson's Sons

(b) Address Wauseon City, Mo

19. (a) 9-6-44 (b) Nelson  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th  
year 1944 hour II minute 15 A.M.

21. I hereby certify that I attended the deceased from 1943, 19 Aug 28, 19 Aug 10,  
that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Carcinomatosis  
Due to Carcinoma Stomach

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

(Specify type of place) While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. H. A. Desty (M. D. or other) MD

Address Hannibal Date signed 9-6-44

1146

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

4  
3  
4

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

Signed

Lennie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.**