Dr. Sam Martin

. No. 2
9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 19 1944

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 34818

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 34

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town East Prairie Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 60 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town East Prairie Mo. 67
(If outside city or town limits, write "RURAL")
(d) Street No. 20
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM THOMAS EMERSON
3. (b) If veteran, name war ✓
3. (c) Social Security No. 499-05-8352

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Eula May Emerson
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased January (Month) 24 (Day) 1884 (Year)

8. AGE: Years 60 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Dorena (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer & Public Work
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Eula May Emerson 1
(b) Address East Prairie Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7 (Month) (Day) 1944 (Year)
(c) Place: burial or cremation W. O. W.
18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie Mo
19. (a) 10-12-1944 (Date received local registrar) (b) Fannie E. Brigman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5th year 1944 hour 1 minute 25 P.M.
21. I hereby certify that I attended the deceased from Sept 4 1944 to Sept 5 1944 that I last saw him alive on Sept 5 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Cardiac Disease

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.

94a

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 0

23. Signature D. Martin (M. D.)
Address Prairie Mo Date signed 9/11/44

1271

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 2044-1433
Date Filed 10-18-44

**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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.**