

FILED FEB 13 1945

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Fultonville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lynchburg Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
 In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56
 (c) City or town Canton
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Franklin Pierce Emry

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Geneva Ann Davis 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 29 1867
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Maurois Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name John Emry

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

14. Maiden name Mary Elizabeth Christy

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

16. (a) Informant Bryan Emry

(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof Jan. 25, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton, Mo.

18. (a) Signature of funeral director Carl H. Barkley

(b) Address Canton, Mo.

19. (a) 2-1-45 (b) Mrs. J. A. Waynes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
 year 1945 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 12, 1945, to Jan 22, 1945;
 that I last saw him alive on Jan 22, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Uremia

Due to Proteinuria

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death) 137A

Major findings: Aspre pubic blood drainage 2 stones removed

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Carl Houghlin J. (M. D. or other) D.O.

Address Fultonville, Mo. Date signed 1/29/45

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

RECEIVED

District Health Officer No. 17

District File Number 2-45-241

Date Filed FEB 11 1945

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 W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Triskville 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.