S. No. 2
M—8-43
r. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 18 1945

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 24312

Registration District No. 169 Primary Registration District No. 5613 Registrar's No. 274

**1. PLACE OF DEATH:**

(a) County Knox

(b) City or town Fabius. Rural. - Benton 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 ..... (Specify whether
In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Knox 57

(c) City or town Knox City, 0
(If outside city or town limits, write "RURAL")

(d) Street No. ..... 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Emaline F. March

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F /

5. Color or race W

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

6. (b) Name of husband or wife James A. March

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

7. Birth date of deceased April (Month) - 12 (Day) - 1866 (Year)

8. AGE: Years 79 Months 0 Days 27 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housekeeper

11. Industry or business .....

FATHER
12. Name James Inman 0
13. Birthplace Edina (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Caroline Cunningham
15. Birthplace Edina (City, town, or county) Missouri. (State or foreign country) 0

16. (a) Informant Mrs. Estella Brown
(b) Address R#9, Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-18-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Linville. Edina, Missouri.

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Missouri.

19. (a) May 20 1945 (Date received local registrar) (b) Nelle Northcutt (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 9
year 1945 hour 10:25 minute P M.

21. I hereby certify that I attended the deceased from 12/16, 1944, to 5-9, 1945;
that I last saw her alive on 5-9, 1945
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Parenchymatous nephritis (acute) | 24 days |
| Due to Post lobar pneumonia | 2-8-45 |
| Due to Rt. hemiplegia | 12-16-44 |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 132 | |
| 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 0

23. Signature Frederick L. Schmitt (M.D. or other) FAM D.O.
Address Edina, Mo. Date signed 5-13-45

1142 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-45-1195
Date Filed JUL 17 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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

**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.**