S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30037

FILED SEP 21 1945

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 102

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 721 N Clark St
(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 Mexico (b) County Audrain 4

(c) City or town Mexico 1
(If outside city or town limits, write "RURAL")

(d) Street No. 721 N. Clark St. 2
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME MRS-EMMA-JANE-PILCHER

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

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

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Dec. (Month) 31 (Day) 1865 (Year)

8. AGE: Years 79 Months 7 Days X If less than one day ..... hr. ..... min.

9. Birthplace Monroe Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House Maker

11. Industry or business .....

FATHER
12. Name S. S. Johnston
13. Birthplace ..... (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Sallie Hill
15. Birthplace ..... (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mr. Hartfield Davis
(b) Address Fulton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Midway Church-Audrain Co.

18. (a) Signature of funeral director M. Hutton Jr.
(b) Address Mexico Mo.

19. (a) 8/1/45 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1st year 1945 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from Coroner's Case, 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Died suddenly at home. Supposed Heart attack. Had been treated one year ago for high blood pressure. Attending Dr. none

Due to Deceased. Deceased died with out medical attention

Other conditions Impossible to find out the nature of heart attack
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy None 950

Duration

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? Died in home (Specify type of place)

While at work? No (e) Means of injury ~

23. Signature S. C. Adams (M. D. or other) Coroner

Address Mexico Mo. Date signed 8/1/45 Aug 1945

107 F

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-45-1474
Date Filed SEP 19 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 J. E. McAlister

Licensed Embalmer No. 1132

P. O. Address Mexico 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.