

**FILED**

DEC 15 1945

**STANDARD CERTIFICATE OF DEATH**

State File No. ....

Registration District No. 157

Primary Registration District No. 3228

Registrar's No. 210

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

1. PLACE OF DEATH: Jasper

(a) County Jasper

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

(c) Name of hospital or institution: 1225 S. Case /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jemima M. Emery

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 2 widowed

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

6. (c) Age of husband or wife if alive --- 1866

7. Birth date of deceased January (Month) 19 (Day) 1866 (Year)

8. AGE: Years 79 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Pike County Illinois /  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business ---

MOTHER { 12. Name George Seger

FATHER { 13. Birthplace unknown Pennsylvania /  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Ben Emery

(b) Address 914 Fulton, Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 28, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Jasper Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) 11-27-45 (Data received local registrar) (b) L. B. Clinton / h. 10 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage /  
(If outside city or town limits, write "RURAL")

(d) Street No. 1225 S. Case /  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24  
year 1945 hour 11 minute p M.

21. I hereby certify that I attended the deceased from Nov 10, 1945, to Nov 24, 1945;  
that I last saw her alive on Nov 24, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage with stroke

Duration \_\_\_\_\_

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

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? \_\_\_\_\_ (c) Means of injury ---

23. Signature H. E. Boyd / h. 10 (M. D. or other) Nov 26-45  
Address Carthage Date signed \_\_\_\_\_

45-11-946

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**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.....

*Frank W. Krell Jr.*

Registered Apprentice No. *379*

working under my personal supervision.

Signed.....

*Emm. L. Strell*

Licensed Embalmer No. *391*

P. O. Address.....

*Carthage*

**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.**