

FILED FEB 7 1946

State File No.

Registration District No. 181

Primary Registration District No. 5401

Registrar's No.

1. PLACE OF DEATH:

(a) County Douglas
 (b) City or town Drury "Rural"
 (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 no
 (Specify whether
 In this community Lifetime
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
 (c) City or town Drury
 (If outside city or town limits, write "RURAL")
 (d) Street No. 270
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

3. (a) PRINT FULL NAME

James Emery
 3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Martha Jane Holt 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased March 28, 1869
 (Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 8 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Emanuel Emery
 13. Birthplace Tennessee (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 Everett Emery

(b) Address Mtn. Grove

17. (a) burial (b) Date thereof 12/1/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Russell Barber

(b) Address Mtn. Grove

19. (a) 2-1-46 (b) Vestal Bushman
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6, 1945
 year 9:00 hour P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 11-5-45
 _____, 19____ to 12-6, 1945
 that I last saw him alive on 12-6, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Totemia
 Due to Cocciemia of stomach
 Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations Holt
 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?

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

23. Signature M.C. Gentry (M. D. _____)
 Address asa mo. Date signed 1-1-46

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 101

Primary Registration District No. 5401

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Rural of Champion
(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)

3. (a) PRINT FULL NAME

Jamer Emery

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased mar 28 1966
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 8 8 hr. 46 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof _____
(Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) Feb 11 - 46 (b) Vestal Bushmaier
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year 1985 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

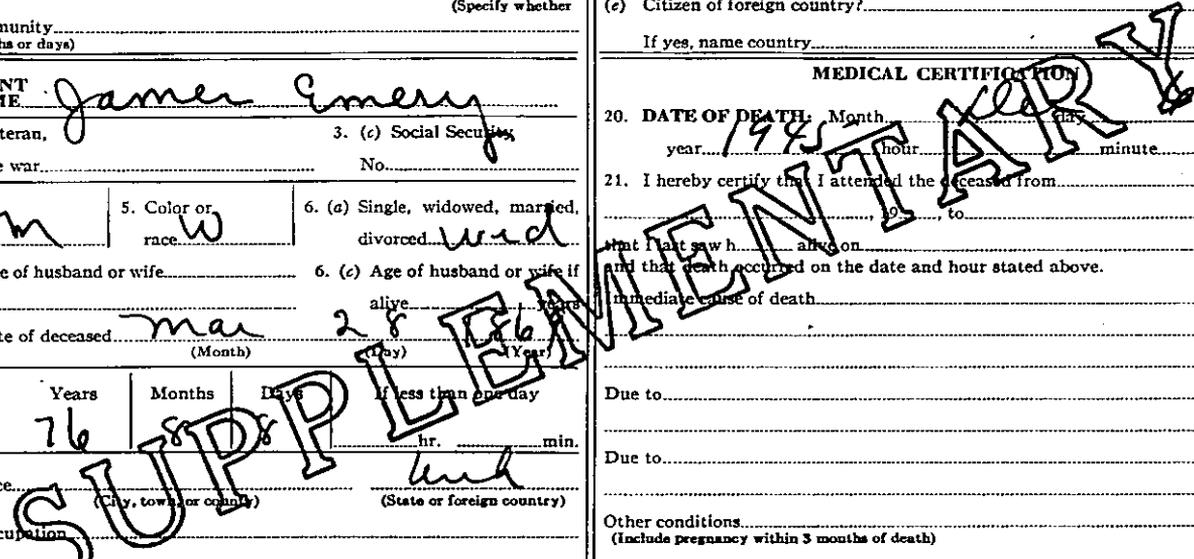
Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 _____

23. Signature _____ (M. D. or other)
Address _____ Date signed _____



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