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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4333

Registration District No. 358 Primary Registration District No. 4523 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Schell City (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 years, months or days) In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Vernon 108
(c) City or town Schell City 1 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location) 0
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Willie G. Embrey
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex Male 1 5. Color or race White 6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Emma Embrey 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased May (Month) 23 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
68	7	14	hr. ____ min.

9. Birthplace ____ (City, town, or county) Iel. 1 (State or foreign country)
10. Usual occupation Farming
11. Industry or business ____
FATHER 12. Name William Embrey
13. Birthplace Butler Co (City, town, or county) Ky. 1 (State or foreign country)
MOTHER 14. Maiden name Mary Funderburk
15. Birthplace Schell City (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Emma Embrey
(b) Address Schell City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove Cem.
18. (a) Signature of funeral director Turner Carothers
(b) Address El Dorado Springs Mo.
19. (a) Jan 9-1946 (Date received local registrar) (b) Mrs. Lisle E. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7 year 1946 hour 6 minute ____ M.
21. I hereby certify that I attended the deceased from 9-10-, 1945 to 1-7, 1946 that I last saw him alive on Jan 6, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Angina Pectoris	3 mos.
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death) no	

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? ____ (e) Means of injury ____
23. Signature J. W. Gray (M. D. or other)
Address Schell City Mo. Date signed 1-9-46

324 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Date Filed 2-4-46

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 M D Giovanni

Licensed Embalmer No. 2034

P. O. Address E Dorado Springs, M

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.