

FILED MAY 16 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 118

Primary Registration District No. 4188

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Gasconade
 (b) City or town Quenerville
 (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. 23 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNIE EMMONS

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 Married
 6. (b) Name of husband or wife Fred Emmons 6. (c) Age of husband or wife if alive 8 years
 7. Birth date of deceased September 8 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 21 - hr. - min.

9. Birthplace (None) Safe Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name J. I. Capeland
 13. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Vaughn
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Fred Emmons
 (b) Address Quenerville, Mo.

17. (a) Burial (b) Date thereof 3 31 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem. St. James, Mo.

18. (a) Signature of funeral director Millard H. W. Winter
 (b) Address Quenerville, Mo.

19. (a) 4-10-46 (b) Dorothy Dickman
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37
 (c) City or town Quenerville
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. - (If rural, give location) 0
 (e) Citizen of foreign country? no. (Yes or No) 0
 If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
 year 1946 hour 5 minute 30 AM.

21. I hereby certify that I attended the deceased from Mar 29-46
 to Mar 29 1946
 that I last saw her alive on Mar 29 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia 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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature G. F. Bradley (M. D. or other) M.D.
 Address Quenerville, Mo. Date signed 3-30-46

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-13-46

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Michael H. H. Winter

Licensed Embalmer No.....

3838

P. O. Address.....

Owensville, 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.