DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUN 5 1946

State File No. 17504

Registration District No. 243 — Primary Registration District No. 3047 — Registrar's No. 90

1. PLACE OF DEATH:

(a) County: Newton

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

(c) Name of hospital or institution: Sale Memorial Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Newton

(c) City or town: Rural Stark City (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Roy L. Embrey

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Martha Embry

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

7. Birth date of deceased: December (Month) 19 (Day) 1885 (Year)

8. AGE: Years 60 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace: Newton County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business

FATHER 12. Name: William R. Embrey

13. Birthplace: (City, town, or county) Tenn. (State or foreign country)

MOTHER 14. Maiden name: Augusta Heile

15. Birthplace: (City, town, or county) North Carolina (State or foreign country)

16. (a) Informant's own signature: Martha Embrey

(b) Address: Stark City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-5-1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Dice Cemetery

18. (a) Signature of funeral director: Culver Funeral Home

(b) Address: Cassville, Missouri

19. (a) May 18, 1946 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1946 hour 8 a m minute M.

21. I hereby certify that I attended the deceased from May 3rd, 1946 to May 3rd, 1946 that I last saw him alive on May 3rd, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion — Duration 2 hrs.

Due to: Unknown

Due to: Unknown

Other conditions: None (Include pregnancy within 3 months of death)

Major findings: Of operations: None

Of autopsy: None

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: Melvin C. Bowman (M. D. or other) M D

Address: Neosho, Mo Date signed 5-3-46.

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-1939 I X19511

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No.

District File Number 646-80

Date Filed 6-4-46

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 Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

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, above space should be left blank.