S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 29898

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 249

**1. PLACE OF DEATH:**
(a) County: Cooper
(b) City or town: Nelson (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 (Specify whether years, months or days)
In this community: 68 yrs - 1 mo - 8 da

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Cooper
(c) City or town: Nelson (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.: —
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: William Edward Embrey
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Zella Mae Embrey
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: Aug. (Month) 5 (Day) 1878 (Year)
8. AGE: Years 68 Months 1 Days 8 If less than one day hr. min.
9. Birthplace: Cooper (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Same
12. Name (Father): Edward Embrey
13. Birthplace (Father): Kentucky (City, town, or county) (State or foreign country)
14. Maiden name (Mother): unknown
15. Birthplace (Mother): unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Eugene Embrey
(b) Address: Nelson, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 15, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Peninsula Cem
18. (a) Signature of funeral director: Harpe-Painter
(b) Address: Pilot Grove, Mo.
19. (a) 9-20-46 (Date received by local registrar) (b) Clay Morris (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 13 year 1946 hour 9 minute 20 M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I ~~last~~ saw h~~im~~ alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis — 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? (e) Means of injury:
23. Signature: A.B. Clark D.O.M.D. (M. D. or other)
Address: Blackwater, Mo. Date signed 9-14-1946

71

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-2-46

APR 27 1946

APR 15 1955

## 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 R. L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, 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.**