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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28234

State File No.

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 65

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora Mo
(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 87 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Aurora Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 112 East South St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Anna S. Emmet

3. (b) If veteran, name war

L

3. (c) Social Security No.

L

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced, undivorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Jan 24 1860
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 25 hr. min. 0

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

10. Usual occupation Housewife

11. Industry or business

12. Name Harry Schofield
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name Catherine Fitzwalter
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lottie Lester
(b) Address Aurora Mo
17. (a) Burial (b) Date thereof 7/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Oscar Marsh
(b) Address Aurora Mo

19. (a) Aug 4-47 (b) Ora Mc Nott
(Date of local registrar) (Registrar's signature) 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 19 47 to July 19 47
that I last saw him alive on July 18 1947
and that death occurred on the date and place stated above.
Immediate cause of death Senility

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) (e) Means of injury

23. Signature W.B. Herron (M. D. or other)
Address Aurora, Mo Date signed July 20 47

Director of Health
AUG 23 1948

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.....

Myself

....., Registered Apprentice No. ✓

working under my personal supervision.

Signed *Osca L. Marsh*.....

Licensed Embalmer No. 3812

P. O. Address *Quora 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.