

U.S. No. 2
FORM-5-43
REV. 5-17-39
1 X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28552**
Registrar's No. **271**

Registration District No. **274**

Primary Registration District No. **3052**

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
210 West 15th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 40 years
years, months or days

3. (a) PRINT FULL NAME George Emo, Sr.

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 Mary 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased April 20 1864
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>83</u> | <u>3</u> | <u>15</u> | hr. _____ min. _____ |

9. Birthplace Gasconade Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business _____

MOTHER { 12. Name Unknown 5

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

14. Maiden name Unknown

15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant George Emo Jr

(b) Address 604 W. Broadway Sedalia Mo

17. (a) Burial (b) Date thereof 8-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo

19. (a) 8-5-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 210 West 15th 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5
year 1947 hour 100 minute a M.

21. I hereby certify that I attended the deceased from June 1947 to Aug 5 1947
that I last saw him alive on Aug 4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage and Hemiplegia

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 83A

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
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) _____
(b) Means of injury _____

23. Signature A. L. Walter (M. D. or other) MD
Address Sedalia Mo Date signed 8-5-47

Duration 6 da

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

47
#22

(Licensed Embalmer's Statement on Reverse Side)

died 11 A.M. Aug 5th

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-9-47

SEP 10 1947

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 K P M Lrary
Licensed Embalmer No. 3153
P. O. Address Bedalia

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.