

S. No. 2  
M-8-43  
7-5-17-39  
X37823

34337

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 5 1947  
143

Registration District No. ....

Primary Registration District No. 5560

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 4 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell 46  
(c) City or town Rural - Willow Springs 0  
(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 JESSE HAYDEN EMMERICH  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Constance 6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased Oct 11, 1903  
(Month) (Day) (Year)

8. AGE: Years 44 Months 11 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Augusta Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation mechanic

11. Industry or business Genl. Hardware Station

12. Name Jesse Weaver Williams

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

14. Maiden name Emma A. Brackman

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

16. (a) Informant Mrs. Jesse Emmerich

(b) Address Willow Springs, Mo. #2 Mo.

17. (a) Burial (b) Date thereof 9/29/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow Springs City Cemetery

18. (a) Signature of funeral director Burns Sons

(b) Address Willow Springs, Mo.

19. (a) Sept 29, 1947 (b) Merithalee Ballard  
(Date received local registrar) (Registrar's signature) 257

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 27, day 27  
year 1947 hour 3 am minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Sept. 26  
1947 to Sept. 27, 1947;  
that I last saw him alive on Sept 26, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis  
congenital heart failure  
hydronephrosis left kidney.  
Due to Subacute pulmonary tuberculosis  
Carcinoma of rt. testicle.

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Thom T. Francis (M. D. or other) MD  
Address Willow Springs, Mo. Date signed 37-9-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District No. 5,  
District File No. 10476/2  
Date Filed 70-30-47

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 Jud W. Barnes, Registered Apprentice No. H 3 working under my personal supervision.

Signed J. R. Burns  
Licensed Embalmer No. 4214  
P. O. Address Willow Springs

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.