

No. 2-
2-45
7-39
X47070

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

FILED NOV 28 1947

Registration District No. _____

Primary Registration District No. **3048**

1. PLACE OF DEATH:
 (a) County **Nodaway**
 (b) City or town **Maryville, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **10 Days**
 (Specify whether years, months or days) **2 Months**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Cape Girardeau**
 (c) City or town **Cape Girardau**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
None
 If yes, name country _____

3. (a) PRINT FULL NAME **EMMA MEDLEY**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **William Medley** 6. (c) Age of husband or wife if alive **Deceased** years
 7. Birth date of deceased **April 23, 1866**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	6	29	— hr. — min.

9. Birthplace **Belleville Illinois**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**
 11. Industry or business **None**

MOTHER FATHER
 12. Name **Houck**
 13. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **B. F. Byland**
 (b) Address **Maryville, Missouri**
 17. (a) **Burial** (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Cape Girardau, Mo.**

18. (a) Signature of funeral director **Price Funeral Home**
 (b) Address **120 East 1st, Maryville, Mo.**
 19. (a) **Nov 22 1947** (b) **Bess Hols**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov.** day **22nd**
 year **1947** hour **10** minute **30 A.** M.
 21. I hereby certify that I attended the deceased from **Sept 11**, 1947, to **22 Mar**, 1947
 that I last saw him alive on **17 22 Mar**, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death **Rheumatic heart disease** Duration **2 yrs.**
 Due to **arteriosclerosis general.**
 Due to _____
 Other conditions **Senility.**
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Of operations **none**
 Of autopsy **none**
 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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature **B. F. Byland** (M. D. or other) **MD**
 Address **Maryville, Mo.** Date signed **11/27/47**

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Clayton M. Price

Licensed Embalmer No. *1822*

P. O. Address *Marionville, 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.