

S. No. 2
-12-45
-5-17-39
P. I. X42970

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40688

State File No.

FILED DEC 2 1947

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 148

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

1. PLACE OF DEATH:

(a) County Vermon

(b) City or town Nevada "RURAL" Pt. #3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Nevada City Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vermon

(c) City or town Nevada "RURAL" Pt. #3
(If outside city or town limits, write "RURAL")

(d) Street No. Last house on south Lynn St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. ✓

3. (a) PRINT FULL NAME BABY EMBREY (Not named)

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex MALE 5. Color or race White

6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife. ✓

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

7. Birth date of deceased Nov. 4 1947
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1947 hour 11 minute 30 P.M.

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

8. AGE: Years Months Days If less than one day

0 0 0 5 hr. 30 min.

Immediate cause of death Premature (6 1/2 mo. gestation) Duration 5 1/2 hrs

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation ✓

11. Industry or business ✓

12. Name George P Embrey

13. Birthplace El Dorado Spgs. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Evelyn Louise Cross

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

Major findings of operations NONE

Of autopsy NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Geo. Embrey

(b) Address Nevada Mo. Pt. #3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 5 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director William Stapp

(b) Address Nevada Mo.

19. (a) 11-24-47 (Date received local registrar)

(b) Walter H. Parway (Registrar's signature) 321

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 William Stapp, MD. (M. D. or other)
Address Nevada Mo. Date signed 11-25-47

RECEIVED
District Health Officer No. 7,
11-47-1321
Date Filed 12-1-47

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 *not*.....
....., Registered Apprentice No.
working under my personal supervision.

Signed *Allen T. Ray*.....
Licensed Embalmer No. *1968*.....
P. O. Address *Nevada, 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.