

FILED JAN 21 1948

Registration District No. **275**

Primary Registration District No. **3053**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Phelps**
(b) City or town **Rolla**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **8 Great Oaks!**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **27 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Phelps**
(c) City or town: **Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **Edgar Springs Star Pl.** (If rural, give location) **Rolla, Mo.**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **D**

3. (a) PRINT FULL NAME **EMMA MACY**

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Edward** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 7 1874** (Month) (Day) (Year)

8. AGE: Years **73** Months **5** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **Farmland, Indiana** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **David S. Sauer 4**
13. Birthplace **Germany** (City, town, or county) (State or foreign country)
14. Maiden name **Don't Know**
15. Birthplace **Don't Know 9** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. W.C. Vance**

(b) Address **8 Great Oaks**

17. (a) **Burial** (b) Date thereof **1-2-47** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rolla Cemetery**

18. (a) Signature of funeral director **Will and Sarah**

(b) Address **Rolla, Mo.**

19. (a) **1-16-48** (b) **Madame L. Stoll** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **30** year **1947** hour **7** minute **45 P.M.**
21. I hereby certify that I attended the deceased from **July 15** 19**47**, to **Dec 30** 19**47**
that I last saw h. or alive on **Dec 30 9:30 A.M.** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis myocardial infarction** Duration **1 hr**
Due to **Coronary sclerosis** ?
Due to **Senile vessel changes** ?
Other conditions **Cholelithiasis, chr.**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: **74A**
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 **D**
23. Signature **Jim V. Everett** (M. D. or _____)
Address **Raman, Bldg Rolla** Date signed **13 Jan**

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

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.....

S. L. Muel

Licensed Embalmer No.....

3394

P. O. Address.....

Roller vms.

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.