

FILED FEB 3 1948

Registration District No. 1938

Primary Registration District No. 5476

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Lincoln Twnp.
(c) Name of hospital or institution
(d) Length of stay: In hospital or institution 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town Princeton
(d) Street No.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Adline Emry

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

4. Sex female race white
5. Color or
6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased March 19, 18 54

8. AGE: Years 94 Months 9 Days 19

9. Birthplace Ohio

10. Usual occupation housewife

11. Industry or business

12. Name Christopher Emry Ohio

13. Birthplace unknown

14. Maiden name

15. Birthplace unknown 9

16. (a) Informant Chas Crawford Trenton, Mo

(b) Address burial 1-8-48

(c) Place: burial or cremation Lloyd Cemetery

18. (a) Signature of funeral director Noel Moss

(b) Address Princeton, Mo

19. (a) 1/8/48 (b) June Jan

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 1948 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from June 1, 1948 to June 6, 1948 that I last saw her alive on June 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autops: 162B

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. J. [Signature] (M. D. or other) MD

Address Jefferson City, Mo Date signed 1-9-48

MOTHER FATHER

WRITE PLAINLY—USING 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 *M*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Wall Swass
.....
Licensed Embalmer No. *2634*

P. O. Address *Funeral*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.