FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 1 1948

Registration District No. ____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4504

Primary Registration District No. 2000

Registrar's No. 140

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1710 Kimbrough (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) In this community: 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield Mo. (If outside city or town limits, write "RURAL") 2
(d) Street No.: 1710 Kimbrough (If rural, give location) 6
(e) Citizen of foreign country? ____ (Yes or No) 0
If yes, name country: ____

3. (a) PRINT FULL NAME: Emma Dempster
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: ____
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: June (Month) 19 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
87	7	24	____ hr. ____ min.

9. Birthplace: Pleasant Hill Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Housewife
11. Industry or business: ____
FATHER
12. Name: Frederick Metzler
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Anna Lackwood
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Ralph R. Baker
(b) Address: Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cem KC Mo.
18. (a) Signature of funeral director: Norman Scharff Funeral Home
(b) Address: Springfield Mo.
19. (a) 2/17/48 (Date received local registrar) (b) W. E. Hinsley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 13 year: 1948 hour: 11 minute: 30 P.M.

21. I hereby certify that I attended the deceased from July 26, 1947 to Feb 13, 1948 that I last saw her alive on Feb 13, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	2 wks
Due to: Arteriosclerosis Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Don J. Bilsky (M. D. or other) MD
Address: Springfield Mo. Date signed: 2-17-48

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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 _____ Registered Apprentice No. _____, working under my personal supervision.

Signed Lewis G. Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield 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.