FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20143

Registration District No. 209 | Primary Registration District No. 3043 | Registrar's No. 195

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 205 S. 11th. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion
(c) City or town: Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No.: 205 S. 11th ST.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

64 3 4 0

3. (a) PRINT FULL NAME: John P. Emmet
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married /
6. (b) Name of husband or wife: Margaret
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Jan. (Month) 27 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
72	4	19	..... hr. ..... min.

9. Birthplace: — — (City, town, or county) ILL / (State or foreign country)
10. Usual occupation: Shoe Worker
11. Industry or business .....
FATHER
12. Name: John Emmet /
13. Birthplace: — (City, town, or county) ILL / (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: ..... (City, town, or county) 9 (State or foreign country) /
16. (a) Informant: Margaret Emmet
(b) Address: 205 S 11th Hannibal Mo 18
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 18 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: James O'Donnell
(b) Address: Hannibal Mo.
19. (a) 6-22-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature) 199

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1948 hour ..... minute 10 a. M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... ; that I last saw h..... alive on ..... 19..... ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Suicide	
Due to: By Shooting self in Left Chest With 12 gauge Shot	
Due to: Sun.	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autops:	

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): Suicide
(b) Date of occurrence: June 16 - 1948
(c) Where did injury occur? Hannibal (City or town) Marion (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? ..... (e) Means of injury: Gunshot wound
23. Signature: James O'Donnell Coroner or other
Address: Hannibal Mo Date signed: 6-16-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal Mo.

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

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