

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15609

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 5458 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Grove</u>	
c. LENGTH OF STAY (in this place) <u>72 Yrs.</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Emerson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 12, 1865</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u>	IF UNDER 24 HRS. Hour <u>1</u> Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Greer</u>	13b. MOTHER'S MAIDEN NAME <u>Mahalia Holloway</u>	14. NAME OF HUSBAND OR WIFE <u>John Alfred Emerson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mont Simmons, Walnut Grove, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>ONE MONTH</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PROBABLY CANCER OF STOMACH</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>INANITION</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>151X</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from APRIL 29, 1949, to MAY 25, 1949, that I last saw the deceased alive on MAY 25th, 1949, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. J. Barber M.D.</u>	23b. ADDRESS <u>WALNUT GROVE, MISSOURI.</u>	23c. DATE SIGNED <u>MAY 27-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 27, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lindley Prairie Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Fair Play, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/28/49</u>	REGISTRAR'S SIGNATURE <u>Drena R. Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brim Funeral Service, Inc. Walnut Grove, Mo/</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3900

RECEIVED

Greene County Health Office,

County File Number 49-40-6

Date Filed 6-4-49

JUN 7 1949

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Warren D. Noblett

Licensed Embalmer No. 4005-

P. O. Address Oak Grove 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.