

S. No. 2  
M-843  
5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 10 1944**  
Registration District No. 137

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. 3023

30034325  
State File No. \_\_\_\_\_  
Registrar's No. 174

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

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 year  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State mo (b) County Henry 42  
(c) City or town Callhoun mo 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ammanda E. Emery  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 6  
year 1944 hour 9 minute 50 P. M.  
21. I hereby certify that I attended the deceased from Oct 4, 1944 to Oct 6, 1944  
that I last saw her alive on Oct 4, 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Coronary occlusion invalide  
Duration \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband John T. Emery 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 1 1944  
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Attunwa Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Dont Know

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Ballack  
(b) Address Clinton mo

17. (a) Burial (b) Date thereof Oct 9 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Callhoun mo

18. (a) Signature of funeral director Condem + Park  
(b) Address Clinton mo

19. (a) Oct 7, 1944 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

Other conditions Aricular fibrillation  
(Include pregnancy within 3 months of death)  
Chronic myocarditis 27 years  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 930  
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? \_\_\_\_\_

(Specify type of place)  
While at work \_\_\_\_\_ (e) Means of Injury \_\_\_\_\_  
23. Signature Dr. J. H. ... M. D. or other \_\_\_\_\_  
Address Clinton mo Date signed 10/7/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 10-44-1271

Date Filed 11-8-44

---

**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.....

*J E Connelley*  
.....  
Licensed Embalmer No. 1891

P. O. Address.....  
*Clinton, 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.**