

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13795

State File No. _____

FILED MAY 7 1945

Registration District No. 273

Primary Registration District No. 5554

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town St. Vernon Mo.
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 236 days
(Specify whether
In this community 236 days
years, months or days)

3. (a) PRINT FULL NAME Melvin Bill Emery

3. (b) If veteran, name war No 3. (c) Social Security No. 492-18-7863

4. Sex Male 9 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if

7. Birth date of deceased Aug 6, 1909
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 9 19 hr. min.

9. Birthplace Clinton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Unknown

12. Name Jasper B. Emery

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

14. Maiden name Linnie Emery

15. Birthplace Clinton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant F. McMichael, Record Clerk

(b) Address Mo. State San., Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof 4/25/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Mo

18. (a) Signature of funeral director Spencer Sims

(b) Address Clinton Mo

19. (a) 4-20-45 (b) Andy Crawford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Clinton 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. N. Washington
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th
year 1945 hour 2:55 minute P M.

21. I hereby certify that I attended the deceased from
Sept. 2 1944 to April 25 1945
that I last saw him alive on April 25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral embolus - abt. 4 wks
Cerebral spinal Les unknown
Due to Psoas abscess 3 mo.

Due to Empyema thoracis, post 8 mo.
pneumonic

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 300
Of autopsy _____
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature U. F. Fairbairn (M. D. or other) MD
Address Mt. Vernon, Mo Date signed 4/24

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

MOTHER FATHER

1538

RECEIVED

District Health Officer No. 6,

District File Number 145-526

Date Filed MAY 4 1945

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 Geo B Orr

Licensed Embalmer No. 946

P. O. Address Mr Vernon 7th

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.