

FILED JAN 21 1946

State File No. _____

Registration District No. 87

Primary Registration District No. 5506

Registrar's No. 210

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution S. M. N. of Clinton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Rural Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 5th N of Clinton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1945 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from 12-26
1945, to 12-27 1945.
that I last saw him alive on 12-27 1945.
and that death occurred on the date and hour stated above.

Immediate cause of death Labor pneumonia Duration 3 da

3. (a) PRINT FULL NAME Eugene Emery

3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 11 27 1888
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name EIge Emery

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

14. Maiden name Polly Ann Lacy

15. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Houdeshell
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 12 30 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Colored cemetery

18. (a) Signature of funeral director Ed. Walker
(b) Address Clinton Mo

19. (a) 12-28-45 (b) R.R. Kemley
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature Ed. Walker (M. D. or other) MD

Address Clinton Mo Date signed 12-28-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12-45-1249
1-15-46

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..... *Frederick W. Kueser*

Licensed Embalmer No. *2478*

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

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.