

FILED AUG 3 1946

State File No. _____

Registration District No. 13

Primary Registration District No. 3023

Registrar's No. 149

1. PLACE OF DEATH

(a) County Platte
(b) City or town Clinton
(c) Name of hospital or institution
North Washington St 1
(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 Platte
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. North Washington St
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dolly Ann Emery

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

5. Color or race Female Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Sept 26 1857
(Month) (Day) (Year)

8. AGE: Years 94 Months 9 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Maid

11. Industry or business _____

12. Name Hale Lacey

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

14. Maiden name Lacey

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

16. (a) Informant Louise Joseph

(b) Address 2012 9th St. KE. Mo.

17. (a) Burial (b) Date thereof 7-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton DeLoe Cemetery

18. (a) Signature of funeral director Spencer Lee

(b) Address Clinton Mo

19. (a) 7-20-46 (b) R.R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 18, year 1946, hour 11, minute 30 AM

21. I hereby certify that I attended the deceased from July 12 1946 to July 12 1946 that I last saw him alive on July 12 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to generalized atherosclerosis

Other conditions None
(Include pregnancy within 5 months of death)

Major findings: Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(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 SB Kenney (M. D. or other) MD
Address Clinton Mo Date signed 7/20/46

Duration

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FEB 18 1956

RECEIVED

Director of Health Officer No. 771

Date Filed 6-16-79

7-20-46

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

H. A. Vauseant

Licensed Embalmer No.

3779

P. O. Address

Clute

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.