REC'D JUN 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not has this space. 18104

1. PLACE OF DEATH
(a) County Cooper, Registration District No. 217
(b) Township Blackwater, Primary Registration District No. 5297 Registered No.
(c) City Nelson, R.F.D., Mo. (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Opal Lorene Embrey, 51
(a) Residence, No. Nelson Mo-R.F.D. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Melvin Embrey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 1912

7. AGE YEARS 25 MONTHS 6 DAYS 21. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) May-4-1938
11. Total time (years) spent in this occupation 4.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwater Missouri.

FATHER
13. NAME Dora Heim.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwater Missouri

MOTHER
15. MAIDEN NAME Marcia Powers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwater Missouri

17. INFORMANT (ADDRESS) Mrs Dora Heim Pilot Grove Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pensnea Cem. DATE 5-6-1938

19. FUNERAL DIRECTOR (ADDRESS) Hays & Stoecklein Pilot Grove Mo

20. FILED 5-6, 1938 W. H. Abney Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from not attended, 19, to, 19
I last saw her alive on May 4, 1938. Death is said to have occurred on the date stated above, at 7:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by firearms (410 gauge shotgun)	May 4 1938

Other contributory causes of importance: none

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Name of operation none Date of —
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury May 4, 1938
Where did injury occur? Nelson Mo R.F.D. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in her home
Manner of injury Shot in abdomen with 410 gauge shotgun
Nature of injury Shot through liver, stomach, spleen and kidney

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. C. Tincher 4, M. D.
196 (Address) Boonville Mo Coroner of Cooper County Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, E. E. Mayo, Licensed Embalmer No. 3074

hereby certify that the body recorded on the reverse side of this certificate was embalmed by G. A. Stoecklein

Flat Grove, Mo L. E. #

No. ..... or by ..... Registered Apprentice No. .....

working under my personal supervision.

Signed G. A. Stoecklein

Licensed Embalmer No. 3369

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)