

REC'D AUG 18 1939

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

26576  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Polk Registration District No. 703  
 (b) Township Johnson Primary Registration District No. 4424  
 (c) City Humansville (d) Street No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma Ann Moon

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 8 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Ind.  
(STATE OR COUNTRY)13. NAME Chales w, White14. BIRTHPLACE (CITY OR TOWN) Ind.  
(STATE OR COUNTRY)15. MAIDEN NAME Mary C. Platter16. BIRTHPLACE (CITY OR TOWN) Ind.  
(STATE OR COUNTRY)17. INFORMANT Mrs Jessie Jenkins  
(ADDRESS) Tulsa, Okla.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Plum Grove DATE July 8, 193919. FUNERAL DIRECTOR (NAME) Joseph & Firestone  
(ADDRESS) Humansville, Mo20. FILED July 15, 1939 Ora M. Rich  
Local Registrar. 632

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 193922. I HEREBY CERTIFY, That I attended deceased from Apr 39, to July 6, 1939I last saw her alive on July 6, 1939 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis advanced

Date of onset

2/20Other contributory causes of importance: 97Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_24. Was disease or injury in any way related to occupation of deceased? noIf so, specify \_\_\_\_\_  
(Signed) R. M. Merrens, M. D.(Address) Humansville, Mo.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1200

Date Filed 8-9-39

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**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.....

Licensed Embalmer No. 3189

P. O. Address.....

Humansville

**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, above space should be left blank.**