No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14338

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 428

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

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
708 South 16th. Street, 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 23 years,
years, months or days) 516

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan,

(c) City or town Saint Joseph,
(If outside city or town limits write "RURAL")

(d) Street No. 708 South 16th. Street,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Frederick Warren Embrey,

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Henrietta Embrey,

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 11, 1868,
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	0	1	hr. min.

9. Birthplace Fredericksburg, Virginia,
(City, town, or county) (State or foreign country)

10. Usual occupation Shoemaker, 1

11. Industry or business Shoe Shop

FATHER
12. Name Newton Embrey, 1
13. Birthplace Fredericksburg, Virginia,
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 1
15. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Embrey
(b) Address 708 South 16th. Street,

17. (a) Burial (b) Date thereof 4/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Agency, Missouri,

18. (a) Signature of funeral director Heaton-Bridge Bowman Funeral
(b) Address 319 So. 10th Str. Hamm

19. (a) 4/14/40 (b) H J Nestlebush
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th.
year 1940 hour 11:00 minute 55p. M.

21. I hereby certify that I attended the deceased from April 9, 1940, to Apr. 12, 1940
that I last saw him alive on April 10, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	4 hours
Due to Valvular Heart Disease	9 months
Due to Arterio-Sclerosis	3 years
Other conditions Acute Bronchitis (Include pregnancy within 3 months of death)	6 days

Major findings:
Of operations no operation
Of autopsy none made

PHYSICIAN
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?
85 (Specify type of place)
While at work? _____ (e) Means of injury? _____

23. Signature Gordon D Wright MD (M. D. or other)
Address 845 So 19th St St. Joseph, Mo. Date signed 4/13/40

(Licensed Embalmer's Statement on Reverse Side)

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. .....

P. O. Address .....

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

If this body is not embalmed, above space should be left blank.