

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Bohling
19216

JUN 18 1940

Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
210 East 6th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 210 East 6th.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mary Anna Emrich 562

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.

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

7. Birth date of deceased Sept. 18, 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 8 6 _____ hr. _____ min.

9. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Wegman

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

14. Maiden name Long
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vick Kenzie
(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof May 27/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia

19. (a) 5/27/40 (b) Mrs. Harry Sneed
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1940 hour 7 minutes 45 M.

21. I hereby certify that I attended the deceased from 1st
1936 to May 24, 1940
that I last saw her alive on May 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____
Senility

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

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? _____

906 While at work? _____ (Specify type of place)
Mean of injury _____

23. Signature Bohling (M. D. or other) _____
Address Sedalia Mo Date signed 5-27-40

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

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93 H

122
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Date Filed
District File Number
District Health Officer No. 8
6-14-40
RECEIVED

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 L. E. Boudreau
Licensed Embalmer No. 3867
P. O. Address Salisbury, Mo.

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.