

FILED JUL 15 1940

Registration District No. **875**

Primary Registration District No. **6160**

Registrar's No. **133**

08

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Wabada P.E.D. # 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Center Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 55 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Center Township
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME David Joseph Emery
⁵⁶⁰

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mattie Emery 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 23, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 7 If less than one day
hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Isaac Emery

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

14. Maiden name Mary Jane Husted

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

16. (a) Informant Marvin Emery

(b) Address R3 Nevada, Mo.

17. (a) Burial (b) Date thereof May 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moore Cemetery

18. (a) Signature of funeral director Curry Funeral Home
(b) Address Nevada, Mo.

19. (a) May 10 1940 (b) David J. Emery
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1940 hour 11 minute 30A M.

21. I hereby certify that I attended the deceased from April 28 1940 to April 30 1940
that I last saw him alive on Apr. 30 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Hypertension
Due to Arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 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) _____

(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? _____

23. Signature C. L. Keithly (M. D. or other) _____
Address Wabada Mo. Date signed 5-1-40

Duration
3 days
10 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 71
District File Number 66-40-014
Date Filed 6-21-40

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 Personal
....., Registered Apprentice No.....
working under my personal supervision.

Signed Lloyd R. Winerath
Licensed Embalmer No. 3857
P. O. Address Newada, 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.