

1. PLACE OF DEATH:

(a) County Hamilton
 (b) City or town Hamilton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
216 Grand 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 4000 years, months or days 3

3. (a) PRINT FULL NAME Lillie Gertrude Embellwood

3. (b) If veteran, name war no 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife William Sept 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased 15 1914
 (Month) (Day) (Year)

8. AGE: Years 26 Months 2 Days 12 If less than one day hr. min.

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

10. Usual occupation At Home 0

11. Industry or business _____

12. Name Richard Topp

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

14. Maiden name Cassie Taylor

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

16. (a) Informant Belle Harris

(b) Address Hamilton, Missouri

17. (a) Burial (b) Date thereof Nov 29 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Effunda Cemetery

18. (a) Signature of funeral director William S. Fox

(b) Address Monroe City, Mo

19. (a) Nov 28 1940 (b) W. C. Fisher
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
 (c) City or town Monroe City
 (If outside city or town limits, write "RURAL")
South Locust St
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
 year 1940 hour 2 minute 9 a. s. M.

21. I hereby certify that I attended the deceased from Nov 23
 1940 to Nov 27 1940
 that I last saw her alive on Nov 25 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to _____

Due to 27

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

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?

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

23. Signature W. C. Fisher (M. D. or _____)
 Address Hamilton, Mo Date signed Nov 27 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Lester L. Wilson

Licensed Embalmer No.

3014

P. O. Address

Monroeville, Pa.

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

If this body is not embalmed, fact should be so stated above.