

**19** MAR 19 1941

Registration District No. 209

Primary Registration District No. 3828

Registrar's No. 24

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH: NEWTON  
 (a) County NEWTON  
 (b) City or town RURAL NEOSHO R2  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: RURAL ROUTE 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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME MARTHA JANE EMBREY  
 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: Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased November 10 1940  
 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 3 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Neosho Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name William C Embrey  
 13. Birthplace fairview Mo  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Edna HARTLEY  
 15. Birthplace Southwest City Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. Embrey  
 (b) Address NEOSHO MISSOURI

17. (a) BURIAL (b) Date thereof Feb 1 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation DICE CEMETERY

18. (a) Signature of funeral director J. E. ...  
 (b) Address NEOSHO MISSOURI

19. (a) Mar 1 1941 (b) Orval R. ...  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County NEWTON  
 (c) City or town RURAL NEOSHO TWP. 2  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. ROUTE 2  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb day 28  
 year 1941 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov. 10, 1940, to Feb. 28, 1941; that I last saw her alive on Feb. 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia  
 Due to Congenital syphilis  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) 30

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? 543  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature C. E. ... (M. D. or other) M.D.  
 Address NEOSHO MO Date signed 3-1-41

RECEIVED

District Health Officer No. 6,

District File Number 341-409

Date Filed MAR 10 1911

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.....

Donald Reed

, Registered Apprentice No. 202

working under my personal supervision.

Signed.....

W. B. Graham

Licensed Embalmer No. 2689

P. O. Address Neosho 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.