

Registration District No. **85**

Primary Registration District No. **5127**

Registrar's No. **364**

**1. PLACE OF DEATH:**  
 (a) County Buchanan  
 (b) City or town Rural Washington Township  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
R.F.D.#6 St. Joseph, Mo.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
 In this community 60 years.

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Buchanan  
 (c) City or town Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D.#6 St. Joseph, Mo.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. 0 years.

**3. (a) PRINT FULLNAME** Minnie May Emery  
 (b) If veteran, name war None  
 (c) Social Security No. None

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed  
 (b) Name of husband or wife A.M. Emery  
 (c) Age of husband or wife if alive — years  
 7. Birth date of deceased August 13-1872  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>68</u> | <u>7</u> | <u>16</u> | hr. min.             |

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

10. Usual occupation At home

11. Industry or business

**MOTHER FATHER**  
 { 12. Name John McCulley  
 { 13. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Nancy Rolland  
 { 15. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant W.R. Ames 825 Harmon Str.  
 (b) Address 825 Harmon Str. St. Joseph, Mo.

17. (a) Removal (b) Date thereof Mar. 31, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Sugar Creek Cem't, Rushville, Mo.

18. (a) Signature of funeral director Heruan W. Schufader  
 (b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 3-31-1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 29th  
 year 1941 hour 1 minute 15 AM.  
 21. I hereby certify that I attended the deceased from Mar 22  
1941 to Mar 29, 1941;  
 that I last saw her alive on Mar 29, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Pneumonia  
 Due to Influenza and heart disease  
 Due to —  
 Other conditions —  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: —  
 Of operations —  
 Of autopsy no 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?  
65 (Specify type of place)

While at work? — (e) Means of injury —  
 23. Signature H.A. Robertson (M. D. or other) M.D.  
 Address 1224 So. 6th St. Joseph Mo Date signed Mar 30-41

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

11  
00  
0

6910 1/2

85

**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: *Albert P. Harrington*

Licensed Embalmer No. *3258*

P. O. Address: *St. Joseph, 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, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Buchanan } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 364

On this 15<sup>th</sup> day of April, 1941, before me appears Herman W. Sidenfaden, who, upon his oath, states that the original record of ~~birth~~ death for Minnie May Emery, died March 29, 1941, in the State of Missouri, and which was filed at St. Joseph on Mar. 31, 1941, should be corrected as follows:

Item No. .... should read .....

Instead of .....

Item No. 7 should read August 13, 1872

Instead of August 13, 1867

Item No. .... should read .....

Instead of .....

Item No. 8 should read 68 yrs. 7 months 16 days

Instead of 73 years 7 months 16 days

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Herman W. Sidenfaden  
St. Joseph, Mo. Relationship General Doctor  
Present Address.

Subscribed and sworn to before me this 15<sup>th</sup> day of April, 1941

My Commission expires Aug 12 1942 Sam Lassaby Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-10185 1941