

FILED APR 17 1942

Registration District No. 32

Primary Registration District No. 6122

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Sullivan  
(b) City or town Pleasantville Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emery Earl Page

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

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

6. (b) Name of husband or wife Gertie 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July 4 1883  
(Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name George Page

13. Birthplace Don't know Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Margeline Alexander

15. Birthplace Don't know Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Page

(b) Address Cora Mo.

17. (a) Burial (b) Date thereof March 15, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion

18. (a) Signature of funeral director Flora E. Penton

(b) Address Green City, Mo.

19. (a) Mar. 20, 1942 (b) M. W. L. O'Heen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13  
year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
that I last saw him alive on Mar. 13, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3/1/42

Due to \_\_\_\_\_  
Due to 83a

Other conditions (include pregnancy within 3 months of death) Multiple Sclerosis  
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 0

23. Signature J.R. Martin (M. D. or other) \_\_\_\_\_

Address Princeton Mo Date signed 3/16/42

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

105  
0  
0

MOTHER FATHER

1190

(Licensed Embalmer's Statement on Reverse Side)

APR 22 1942

RECEIVED

District Health Officer No. 10

District File Number 440 775

Date Filed APR 15 1942

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 Glenn E. Keuf

Licensed Embalmer No. 1769

P. O. Address Green City, 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.