

9-4-41  
v. 5-17-39  
W-I X29484

33085

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 14 1942

Registration District No. ....

Primary Registration District No. 50-4-4024

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Cassville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(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 Past several Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Fairview 0  
(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 Clara V. Embrey

3. (b) If veteran, name war no

3. (c) Social Security No. no

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

6. (b) Name of husband or wife Robert Embrey 6. (c) Age of husband or wife if alive N.K. years

7. Birth date of deceased: Nov. 25. 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 8 10 hr. min.

9. Birthplace Montgomery Co. Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER

12. Name David Larcher

13. Birthplace Dayton Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Millar

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

16. (a) Informant David Larcher Jr.

(b) Address Fairview, Missouri

17. (a) Burial (b) Date thereof Aug 6, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dice Cemetary  
Horine & Culver

18. (a) Signature of funeral director .....

(b) Address Cassville, Missouri

19. (a) Oct 30-1942 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4th  
year 1942 hour 5.30 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 17, 1939, to Aug. 4, 1942  
that I last saw her alive on Aug. 4, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myositis

Due to .....

Due to .....

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

Major findings: Of operations .....

Of autopsy .....

Duration

9 1/2 months

PHYSICIAN

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? .....

(Specify type of place) While at work? .....

23. Signature E. M. Daniel (M. D. or other) 7/19/42

Address Cassville, Mo. Date signed 8/19/42

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

5  
1  
0

1077

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1142-1608

Date Filed NOV 12 1942

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**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.....

*B. Gordon Bennett*

Licensed Embalmer No. 4213

P. O. Address.....

*Cassville Missouri*

**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.**