

FILED JUN 7 1943

Registration District No. 274

Primary Registration District No. 5927

Registrar's No. 162

1. PLACE OF DEATH:
 (a) County... Pettis
 (b) City or town... Green Ridge, (rural) Mo.
 (c) Name of hospital or institution:
 Route 1
 (d) Length of stay: In hospital or institution... 45 years
 In this community... 45 years

3. (a) PRINT FULL NAME William W. Embree
 3. (b) If veteran, name war... none
 3. (c) Social Security No... none

4. Sex... Male
 5. Color or race... white
 6. (b) Name of husband or wife... Mrs. Clara Embree
 7. Birth date of deceased... December 10, 1867

8. AGE:
 Years: 75, Months: 5, Days: 2

9. Birthplace: Beaman, Missouri

10. Usual occupation: Farmer

11. Industry or business:
 12. Name... William Embree
 13. Birthplace... unknown
 14. Maiden name... Frances Beaman
 15. Birthplace... unknown, Missouri

16. (a) Informant: Norval Embree
 (b) Address... Green Ridge, Mo.

17. (a) Burial
 (b) Date thereof... 5/14/43
 (c) Place: burial or cremation... Hickory Point

18. (a) Signature of funeral director: Ewing Funeral Home
 (b) Address... Sedalia, Missouri

19. (a) 5/14/43
 (b) no Anna Berger

2. USUAL RESIDENCE OF DECEASED:
 (a) State... Missouri
 (b) County... Pettis
 (c) City or town... Green Ridge, (rural)
 (d) Street No... Route 1
 (e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... May, day... 12, year... 1943, hour... 1:20, minute... A. M.

21. I hereby certify that I attended the deceased from May 8, 1943, to May 11, 1943, that I last saw him alive on May 11, and that death occurred on the date and hour stated above.

Immediate cause of death... Valvular Heart Disease

Due to... 92d

Other conditions... Influenza

Major findings: Of operations... none
 Of autopsy... none

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?.....
 (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 J. G. Pleckmore (M. D. or other) M.D.
 Address... Windsor, Mo. Date signed... 5-13-43

Duration 5 yrs.
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-3-43

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 A. J. Rivers
Licensed Embalmer No. 1407
P. O. Address Andover, 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.