

SEP 10 1943

State File No.

Registration District No. 84

Primary Registration District No. 4147

Registrar's No. 19

1. PLACE OF DEATH:

(a) County **COOPER**  
(b) City or town **BUNCETON**  
(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: **---**  
In this community **Life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Emma Washington**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **---** 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **February, 2nd, 1875**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **6** Days **27** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Home**

MOTHER FATHER { 12. Name **Charles Gray**  
13. Birthplace **Unknown** 9  
14. Maiden name **Aggie Stark**  
15. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Genevieve Gray**

(b) Address **Bunceton mo**

17. (a) **Burial** (b) Date thereof **28/31/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BUNCETON MO**

18. (a) Signature of funeral director **Jessie C. Wachter**

(b) Address **Linton mo**

19. (a) **Aug 30, 1943** (Date rec'd by local registrar) **Tommy Lee Robison** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper** 27  
(c) City or town **Bunceton** 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. **No street numbers**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **Native** 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug 29** day **29** year **1943** hour **19** minute **0** M.

21. I hereby certify that I attended the deceased from **Aug 27<sup>th</sup> 1943** to **Aug 29<sup>th</sup> 1943** that I last saw him alive on **Aug 28<sup>th</sup> 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Indigestion** Duration **3**

Due to **Melancholia**  
**Some time**

Due to **---**

Other conditions (Include pregnancy within 3 months of death) **118'3**

Major findings: Of operations **None**

Of autopsy **None**

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?

While at work? (Specify type of place) (c) Means of injury.....

23. Signature **J. W. Elliott** (M. D. or other).....  
Address **Bunceton mo** Date signed **Aug 29**

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

FILED  
X35697

27  
0  
1

43

RECEIVED

Dist. of Health Office No. 8

Dist. File No. 9-9-43

Date Filed

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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Janele E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton, Wis

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.