

D OCT 15 1943

Registration District No. 576

Primary Registration District No. 4083-2214

Registrar's No. 8

1. PLACE OF DEATH:

(a) County CARROLL
(b) City or town Bosworth (Rural)
(c) Name of hospital or institution: Rosforwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CARROLL
(c) City or town Bosworth, MO (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 William Emmett

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife SYNA EMMETT 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased MARCH 28 - 1891 (Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace TINA MO (City, town, or county) (State or foreign country)

10. Usual occupation FATHER

11. Industry or business _____

MOTHER FATHER { 12. Name Geo Emmett
13. Birthplace CARROLL Co. (City, town, or county) (State or foreign country)
14. Maiden name EMMA WASH
15. Birthplace CARROLL Co. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. SYNA Emmett
(b) Address Bosworth, MO

17. (a) _____ (b) Date thereof Oct 2, 1943 (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Rosk Branch Cemetery

18. (a) Signature of funeral director David J. Edwards

(b) Address Bosworth, MO

19. (a) Oct 1 - 1943 (b) Feather Fisher (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 1943
year _____ hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 29, 1943 to Sept 29, 1943, 1943, and that death occurred on the date and hour stated above.

that I last saw him alive on Sept 28, 1943
Immediate cause of death Coronary thrombosis

Due to Endocarditis

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

Duration _____
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)
(a) Means of injury _____

23. Signature W. H. Brown (M. D. or other) 10/29/43
Address Bosworth, MO Date signed 10/29/43

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

861

149

RECEIVED

10-11-52

Form No. 8

10-11-52

AUG 13 1952

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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.....

David J. Edwards

Licensed Embalmer No.....

3265

P. O. Address.....

Bosworth M.

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.