

0. 2
-2.43
17-39
X33807

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 31 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17460

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 536

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph 1023 N. 4th St
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 3 or 4 weeks years, months or days

3. (a) PRINT FULL NAME Hester Conn Emery
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife John Emery 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 7 1870 (Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Halls Missouri (1) (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Meriel Dockey
 13. Birthplace Halls Missouri (1) (City, town, or county) (State or foreign country)
 14. Maiden name Beeley Miller
 15. Birthplace Halls Missouri (1) (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dorothy Bihlwald
 (b) Address Maryville Mo

17. (a) _____ (b) Date thereof 5-22-44 (Month) (Day) (Year)
 (Burial, cremation, or removal)

(c) Place: burial or cremation Oak Hill Cem Maryville

18. (a) Signature of funeral director Campbell Funeral Home
 (b) Address 951 S. Main St Maryville Mo

19. (a) May 29/44 (Date received by registrar) (b) Nelson L. Decker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wodway 74
 (c) City or town Maryville Mo (If outside city or town limits, write "RURAL") 1
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 21
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 th, year 1944 hour 8 minute 55 P.M.
 21. I hereby certify that I attended the deceased from on May 20 1944 to _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure Duration 3 days
 Due to Chronic Asthma 10 yrs

Due to Haman died after a three day illness with attacks of shortness of breath, and coma

Other conditions attacked of shortness of breath, and coma (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy No: 112

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) (e) Means of injury 3 Corner

23. Signature H F Mundy (M. D. or other) Corner
 Address 404 So 2nd Date signed 5/29/44

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

1371

JUN 12 1944

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 William Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville, 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.