

S. No. 2
DM-5-43
v. 5-17-39
I X36671

10334

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 95

FILED APR 12 1946

Registration District No. 274 Primary Registration District No. 3052

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours
In this community 26 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Sedalia
(d) Street No. 111 E Jefferson
(e) Citizen of foreign country no
If yes, name country _____

3. (a) PRINT FULL NAME QUINIDEAN EMERSON
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 17
year 1946 hour 1-40 minute A M.
21. I hereby certify that I attended the deceased from Nov - 1
19 46 to Mar 17, 19 46
that I last saw her alive on Mar
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband Melvin Emerson 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Dec 8 1908
(Month) (Day) (Year)

Immediate cause of death Uterine Hemorrhage
Due to Miscarriage
Other conditions Pernicious Anemia
Major findings: Of operations _____
Of autopsy 1412

8. AGE: Years 37 Months 3 Days 6
If less than one day _____ hr. _____ min.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accidental Mis-
(b) Date of occurrence Carriage Mar - 2 - 1946
(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 _____

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

10. Usual occupation Housewife

11. Industry or business X

12. Name James Bills
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Madame Rizer
15. Birthplace Sedalia Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Melvin Emerson
(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof 3 21 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director F. D. Ferguson
(b) Address Sedalia

19. (a) 3-27-46 (b) Betty Yeager
(Date received local registrar) (Registrar's Name)

23. Signature W. W. [unclear] (M. D. or other)
Address 10412 W Main Sedalia (Date signed 3/21/46)

251 (Licensed Embalmer's Statement on Reverse Side)

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

925A

460

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-11-46

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 *F. D. Ferguson*

Licensed Embalmer No. *2172*

P. O. Address *Sedulia*

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.