

FILED MAY 31 1946

Registration District No. _____

Primary Registration District No. _____

5474

State File No. _____

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Grunsky
(b) City or town Trenton RR #4 Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grunsky
(c) City or town Trenton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RRD # 4 Trenton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME VIRGINIA BROWN EMBRY

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

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorce Widow
6. (b) Name of husband or wife John Baker Embry 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 1 1853
(Month) (Day) (Year)

8. AGE: Years 92 Months 8 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Mrs. Brown

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Embry

15. Birthplace Grunsky Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Velma Hosman
(b) Address Trenton Mo

17. (a) Burial (b) Date thereof 3 13 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brother Cem.

18. (a) Signature of funeral director Emory F. Home

(b) Address Trenton Mo

19. (a) 3-16-46 (b) Irene Fair
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th
year 1946 hour 1030 minute P M.

21. I hereby certify that I attended the deceased from 11-22-1945 to 2-11-1946
that I last saw her alive on Feb 11 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

Due to Arteriosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy 93

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 _____

23. Signature W. E. Embry (M. D. or other) MD

Address Trenton Mo Date signed 3-12-46

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *Wesley H Bradford*.....

Licensed Embalmer No. *4370*.....

P. O. Address *Trenton 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.