

S. No. 2
OM-2-43
v. 5-17-39
I X35697

19155

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

State File No. _____

FILED MAY 16 1946
Registration District No. 332

Primary Registration District No. 6114

Registrar's No. 10

1. PLACE OF DEATH:

(a) County: Scott

(b) City or town: Morley (If outside city or town limits, write "RURAL" and name of township) rural

(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 _____ (Specify whether years, months or days) 28 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Scott

(c) City or town: Morley (If outside city or town limits, write "RURAL") rural

(d) Street No.: John M. Emerson Farm - Bell City, Mo. Rt. 6 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Alma May Emerson

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

4. Sex: Female 5. Color or race: W

6. (a) Single, widowed, married, divorced: divorced

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: March 31 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

28 hr. min.

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

10. Usual occupation: _____

11. Industry or business: _____

MOTHER FATHER

12. Name: John M Emerson

13. Birthplace: Morley Mo (City, town, or county) (State or foreign country)

14. Maiden name: Ocie May Graft

15. Birthplace: Walnut Ridge Ark (City, town, or county) (State or foreign country)

16. (a) Informant: John M Emerson
(b) Address: Bell City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 28 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Morley Mo.

18. (a) Signature of funeral director: _____

(b) Address: _____

19. (a) May-5-46 (Date received local registrar) (b) A. Bryant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1946 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from March 31 1946, to April 28 1946; that I last saw her alive on April 26 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Droncho-pneumonia Duration: 1 wk.

Due to: Congenital Debility

Due to: _____

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

Major findings: Of operations: _____

Of autopsy: 107

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: M. P. Bryant (M. D. or other) _____

Address: Benton, Mo. Date signed: 4-27

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

302

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 546-621

Date Filed 5-14-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.