

S. No. 2
11-10-39
7. 5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27808

FILED SEP 4 1946
Registration District No. 225

Primary Registration District No. 4335

Registrar's No. 11

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

1. PLACE OF DEATH:
 (a) County Moniteau
 (b) City or town Tipton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
(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)
 In this community Life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Moniteau **68**
 (c) City or town Tipton **2**
(If outside city or town limits, write "RURAL")
 (d) Street No. No street numbers **0**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. XXXX Native years. **0**

3. (a) PRINT FULL NAME Axis Augusta Emory
 3. (b) If veteran, name war No
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 29th
 year 1946 hour 11:00 minute A. M. **MT.**
21. I hereby certify that I attended the deceased from May 15
1946 to August 29th 1946

4. Sex Female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Joseph Emory
 6. (c) Age of husband or wife if alive _____ years

that I last saw him alive on August 28 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

7. Birth date of deceased August 18th / 1880
(Month) (Day) (Year)
 8. AGE: Years 68 Months 0 Days 11
If less than one day hr. _____ min. _____

Duration _____
Coronary Occlusion **Ind.**
Hypertensive Cardio-vascular disease
 Due to _____

9. Birthplace Tipton, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER
 11. Industry or business Home
 12. Name Peter Shackelford
 13. Birthplace Tipton, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Amanda Venerable
 15. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Joseph Emory (Husband)
 (b) Address Tipton, Mo.
 17. (a) Burial (b) Date thereof 8/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Tipton, Missouri

While at work? _____ (Specify type of place)
 (e) Means of injury g
23. Signature Neal C. Hughes D.O. (M.D. or other)
 Address Tipton, Mo. Date signed 8/29/46

18. (a) Signature of funeral director Jaynell E. Richards
 (b) Address Tipton, Mo.
 19. (a) 8-31-46 (b) Mrs. Maude Hudson
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 9,

District File Number: _____

Date Filed: _____

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 me

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

James E. Richards

Licensed Embalmer No. 2466

P. O. Address Lepton 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, above space should be left blank.