

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

Registration District No. **144**

Primary Registration District No. **5562**

1. PLACE OF DEATH:
Iron

(a) County **Iron**

(b) City or town **Arcadia, Rural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
The Home for Aged Baptists 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **4 yrs, 8 mos & 21 days**
(Specify whether years, months or days)

In this community: **4 yrs, 8 mos, & 21 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Mo. Iron 47

(a) State **Mo.** (b) County **Iron**

(c) City or town **Arcadia, Rural 0**
(If outside city or town limits, write "RURAL")

(d) Street No. **1 1/2 miles East on Highway 70 U**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Charlotte Ann Emery**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female/**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Emulus T. Emery**

6. (c) Age of husband or wife if alive **Deceased** years

7. Birth date of deceased **Apr. 10, 1859**
(Month) (Day) (Year)

8. AGE: Years 87	Months 8	Days 18	If less than one day hr. _____ min.
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9. Birthplace **Chester, Wisconsin**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business **Her Home**

12. Name **Charles Clement 2**

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

14. Maiden name **Elizabeth Butterfield**
(City, town, or county) (State or foreign country)

15. Birthplace **Nashaway, New Hampshire 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **John H. Burney**

(b) Address **Ironton, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **12-21-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Willow Springs**

18. (a) Signature of funeral director **Norman White**

(b) Address **Ironton, Mo.**

19. (a) **1-4-47** (Date received local registrar)

(b) **Mrs. Ann Jones** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **28**

year **1946** hour **7:30** minute **P** M.

21. I hereby certify that I attended the deceased from **12-27-46**

21 to **12-28-46** 19____;

that I last saw **her** alive on **12-28-46** 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death

acute bi-lateral Bronchial Pneumonia (terminal)

Due to **12/27/46**

cerebral (stroke) hemorrhage

Due to **12/25/46**

Other conditions **Hypertension** ?

(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy **43A**

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? **B**

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **P. E. Harland, M.D.** (M.D. or other)

Address **Ironton, Mo.** Date signed **12-30-46**

RECEIVED

Health Officer No. 4
File Number 147-55
Date Recd. 1-9-47

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 Russell J. White
Licensed Embalmer No. 5012
P. O. Address Porter Ave

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.