

S.No. 2
M-5-43
5-17-39
I X3687

FILED FEB 3 1948

State File No.

Registration District No. 46

Primary Registration District No. 4065

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Caldwell

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1

In this community since 1879 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Caldwell

(c) City or town Polo
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John W Emery

3. (b) If veteran ✓ name war

3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1948 hour 8 minute 21 P M.

21. I hereby certify that I attended the deceased from Oct 10 1947 to Jan 15 1948 that I last saw him alive on Jan 15 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race wh

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

6. (b) Name of husband or wife Dora L. Emery

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May 21 1879
(Month) (Day) (Year)

Immediate cause of death Myocardial Exhaustion

Due to Arteriosclerosis

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

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

76 7 21 hr. min.

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

10. Usual occupation Retired

Major findings: Of operations 97

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name John Emery

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

14. Maiden name Mary Kathryn Fisher

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

16. (a) Informant Mrs John Emery

(b) Address Polo Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-48
(Month) (Day) (Year)

(c) Place: burial or cremation Cowgill Mo

18. (a) Signature of funeral director Albans & Cowley

(b) Address Polo Mo

19. (a) Jan 19/48 (Date received local registrar) (b) Bladys Jones (Registrar's signature)

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) (c) Means of injury 0

23. Signature CH Wilber MD (M. D. or other)

Address Polo Mo Date signed 1-16-48

**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.....

..... *Wayne H. Hallerman*, Registered Apprentice No. *77*,
working under my personal supervision.

Signed *Dean A. Allspaugh*
Licensed Embalmer No. *2408*
P. O. Address *Polo 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.