

No. 2  
-1/47  
17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

622

State File No. ....

National Office of Vital Statistics

Registrar's No. 713

FILED JAN 12 1948

Registration District No. 8

Primary Registration District No. 5319

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Rural Otterville Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Mo. Pac. R. R.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT

FULL NAME Wallis K. Emmons

3. (b) If veteran,

name war World War 1

3. (c) Social Security No.

498-16-8134

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 29 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 3 2 hr. min.

9. Birthplace St. Charles Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Pullman Conductor

11. Industry or business Missouri Pacific R. R.

12. Name Ben L. Emmons

13. Birthplace St. Charles Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Anne Mudd

15. Birthplace St. Charles Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia E. Keithly

(b) Address 139 Houston St. Charles, Mo.

17. (a) burial (b) Date thereof Jan 5-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles, Mo.  
St. Charles Barroness Cem.

18. (a) Signature of funeral director H. C. Dillmeyer & Sons  
(b) Address 800 N. 2nd St. Charles, Mo.

19. (a) 1-3-48 (b) Hellie Thellett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles Co  
(c) City or town St. Charles, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 139 Houston Street  
(If rural, give location)  
(e) "Citizen" of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1  
year 1948 hour 7 minute 40 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw no attendances \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Injury Instant

Due to Train wreck  
Anna face evidence

Other conditions myocardial infarction  
(Include conditions within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autops: new 1098

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (Specify) Accident 877

(b) Date of occurrence Jan 10 1948

(c) Where did injury occur? Passenger Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No  
White at work? No  
(Specify type of place) (e) Means of injury Train wreck

23. Signature M. H. Decker (M. D. or other) MD

Address Boonville Mo Date signed 1/21/48

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

MOTHER FATHER

Received:  
Mr. Health Unit No. 8.  
Jan. 10, 1948

SEP 8 1954

JAN 12 1948

JAN 14 1948

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 Eugene R. Paulin.....

Licensed Embalmer No. 2126.....

P. O. Address California, 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.