S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 23 1948

MISSOURI DIVISION OF VIETAL
# STANDARD CERTIFICATE OF DEATH

State File No. 13640

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 28

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Bowling Green
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike 82
(c) City or town Bowling Green 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella E. Emerson

3. (b) If veteran, name war Y

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) ~~Single, widowed, married, divorced~~ 7

6. (b) Name of husband or wife Joseph Emerson

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Aug (Month) 12 (Day) 1861 (Year)

8. AGE: Years 86 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Pike Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Sutton
13. Birthplace (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Sarah Hunter
15. Birthplace Pike Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Randolph Jennings
(b) Address Bowling Green Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Bowling Green Mo

18. (a) Signature of funeral director Grace Bankhead
(b) Address Bowling Green Mo

19. (a) 4-13-48 (Date received local registrar) (b) Bill Robinson (Registrar's signature) 2511

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th year 1948 hour 11 minute — A.M.

21. I hereby certify that I attended the deceased from Nov, 1947, to , 19 ; that I last saw her alive on April 7, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Uremia | 14 Days |
| Due to: Chr. Nephritis | Yrs |
| Senility | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy: No | |

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature W B Wilcoxen (M. D. ~~or other~~)
Address Bowling Green Mo Date signed Apr 8 48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-46-738
Date Filed APR 22 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 Harold E. Kirk, Registered Apprentice No. 4, working under my personal supervision.

Signed Grace M. Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green Ky

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.