

S. No. 300  
M-10-47  
Rev. 5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED OCT 19 1948

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35381  
Registrar's No. 160

Registration District No. 360

Primary Registration District No. 3076

108  
12  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Nevada Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 hours  
In this community 14 hours  
years, months or days

3. (a) PRINT FULL NAME Dolores Gayle Emo  
3. (b) If veteran, name war ✓  
3. (c) Social Security No.                     

4. Sex Fm / 5. Color or race W  
6. (a) Single, widowed, married, divorced S  
6. (b) Name of husband or wife                       
6. (c) Age of husband or wife if alive 1948 years

7. Birth date of deceased October 6 1948  
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0  
If less than one day 14 hr.            min.

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

10. Usual occupation                     

11. Industry or business                     

MOTHER FATHER { 12. Name Malcolm Emo  
13. Birthplace Owensville, Missouri  
14. Maiden name Helen Lorene Davis  
15. Birthplace Montana  
(City, town, or county) (State or foreign country)

16. (a) Informant Malcolm Emo  
(b) Address 729 N. ~~Clay~~ Nevada, Mo.

17. (a) Burial (b) Date thereof Oct. 8, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Milo Cemetery

18. (a) Signature of funeral director Frank J. Janssen

(b) Address Nevada, Missouri

19. (a) 10-13-48 (b) Ralph J. Janssen  
(Date received local registrar) (Registrar's signature) 2311

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Vernon  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 729 N. ~~Clay~~ Clay  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country                     

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 7  
year 1948 hour            minute 3 P.M.

21. I hereby certify that I attended the deceased from Oct 6, 1948 to Oct 7, 1948  
that I last saw him alive on Oct 7, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature death  
Duration                     

Due to myocardial infarction  
of placenta with hemorrhage  
Due to                     

Other conditions                       
(Include pregnancy within 3 months of death)

Major findings:                       
Of operations                       
Of autopsy                       
PHYSICIAN                       
Underline the cause to 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 (a) or about home, on farm, in industrial place, in public place?  
(Specify type of place) (e) Means of injury                     

23. Signature F. L. Martin (M. D. or other) M.D.  
Address Nevada Mo Date signed 10-9-48

RECEIVED

District Health Officer No. 7,

District File Number 9-48-1197

Date Filed 10-18-48

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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 *B. B. Terry*

Licensed Embalmer No. 1760

P. O. Address Ywada 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.