

S. No. 2
M-12-45
v. 5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10060**

FILED APR 4 1947

Registration District No. **229**

Primary Registration District No. **4335**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **MONITEAU**
(b) City or town **TIPTON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **NONE**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **---** (Specify whether
In this community **TWO YEARS** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MONITEAU**
(c) City or town **TIPTON**
(If outside city or town limits, write "RURAL")
(d) Street No. **NONE** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **NATIVE**

3. (a) PRINT FULL NAME **JOSEPH EMORY**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **AXIE EMORY** 6. (c) Age of husband or wife if alive **DEAD** years

7. Birth date of deceased **OCTOBER, 10th. 1853**
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 93 | 5 | 7 | hr. min. |

9. Birthplace **HENRY COUNTY, MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **RETIRED**

MOTHER FATHER

12. Name **UNKNOWN** **9**

13. Birthplace **UNKNOWN** (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN** (State or foreign country) **9**

16. (a) Informant **F. H. EMORY (SON)**

(b) Address **514 E. Washington St. Marshall**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **5-20-47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Tipton Colored Cemetery**

18. (a) Signature of funeral director **Jimmie B. Trichau**

(b) Address **Tipton Mo**

19. (a) **3-19-47** (Date received local registrar) (b) **Med. Maudie Hudson** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **17th**
year **1947** hour **5** minute **30P.** M.

21. I hereby certify that I attended the deceased from **Mar 11** 19**47**, to **Mar 17** 19**47**,
that I last saw h. alive on _____ 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **107**
Of autopsy _____

Duration
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 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 **J. F. Fotts** (M. D. or other) **0**
Address **Tipton, Mo** Date signed **3/18/47**

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

Case Filed 4-2-47
District File Number

District Health Officer No. 9,

RECEIVED

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 James E. Richards
Licensed Embalmer No. 2466
P. O. Address Lipton, 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.