S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18441

State File No.

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 86

1. PLACE OF DEATH:
(a) County Moniteau Co.
(b) City or town California, Mo. ~~Walker~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 47 Yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town California, Mo. /
(If outside city or town limits, write "RURAL")
(d) Street No. City
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Eleanor Chinn Embry
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Richard M Embry
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Sept (Month) 3 (Day) 1872 (Year)

8. AGE: Years 70 | Months 8 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Cooper Co (City, town, or county) 0 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business

MOTHER FATHER
12. Name George T. Pendleton
13. Birthplace ____ (City, town, or county) Kent / (State or foreign country)
MOTHER
14. Maiden name Catherine A. Magruder
15. Birthplace ____ (City, town, or county) Kent / (State or foreign country)

16. (a) Informant Louis Pendleton Embry
(b) Address California, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 43 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemt
18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo.
19. (a) 5-22-43 (Date received local registrar) C J Allee (Registrar's signature)

1312

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1943 hour 2 minute 45 P. M.
21. I hereby certify that I attended the deceased from Dec 1 ____, 19 25, to May 21, 19 43
that I last saw h[er] alive on May 21, 19 43
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Arterio-sclerosis	18 Yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy No 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 in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature J. C. Burke Jr M.D. (M. D. or other)
Address California Mo. Date signed 5/23/43

(Licensed Embalmer's Statement on Reverse Side)

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 Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address Calistoga, Inc

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.