

STANDARD CERTIFICATE OF DEATH

State File No. 27808

FILED SEP 4 1946

Registration District No. 225

Primary Registration District No. 4335

Registrar's No. 11

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 Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alex Augusta Emory

3. (b) If veteran, name war No 3. (c) Social Security No.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph Emory 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 18th/1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 0 11 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Peter Shackelford
13. Birthplace Tipton, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Venerable
15. Birthplace Cooper County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Emory (Husband)

(b) Address Tipton, Mo.

17. (a) Burial (b) Date thereof 8/29/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tipton, Missouri

18. (a) Signature of funeral director Jaynell E. Richardson

(b) Address Tipton, Mo.

19. (a) 8-31-46 (b) Mrs. Maude Hudson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68
(c) City or town Tipton 2
(If outside city or town limits, write "RURAL")
(d) Street No. No street numbers 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. XXXX Native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th
year 1946 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from May 15
1946 to August 29th, 1946
that I last saw him alive on August 28, 1946
and that death occurred on the date and hour stated above.
Immediate cause of death

Coronary Occlusion Ind.
Due to Hypertensive Cardio-Vascular
disease

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 in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 91

23. Signature Neal C. Hughes D.O. (M.D. or other)
Address Tipton, Mo. Date signed 8/29/46

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed _____

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

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, above space should be left blank.