

S. No. 2
1-1-4-41
7-5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25533**
Registrar's No. _____

FILED AUG 1 1942
Registration District No. **10 27**

Primary Registration District No. **6126**

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

1. PLACE OF DEATH:
(a) County **Texas**
(b) City or town **Mountain Grove (Rural) Clinton**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: **22 years** (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME **Ralph Dale Emrick**
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **3rd**
year **1942** hour **3** minute **30 P. M.**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Pearl Emrick**
6. (c) Age of husband or wife if alive years
7. Birth date of deceased **Oct 24 1874**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov. 5 - 1941** to **Feb. 3 - 1942**
that I last saw him alive on **Feb. 3 - 1942**
and that death occurred on the date and hour stated above.

8. AGE: Years **67** Months **3** Days **9**
If less than one day hr. min.

Immediate cause of death **Coronary Thrombosis**
Due to
Due to

9. Birthplace **Marshall Town Iowa**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

11. Industry or business
12. Name **Daniel Emrick**
13. Birthplace **Unknown**
14. Maiden name **Mary Hockenberry**
15. Birthplace **Unknown**

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

16. (a) Informant **Mrs Pearl Emrick**
(b) Address **Mountain Grove Mo**
17. (a) **Burial** (b) Date thereof **Feb 5 42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenwood Cemetery**
18. (a) Signature of funeral director **W. H. Hock**
(b) Address **Mountain Grove Mo**
19. (a) **Feb 5** (b) **J. D. Weatherman**
(Date received local registrar) (Registrar's signature)

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 **W. H. Hock** (M. D. or other)
Address **Mountain Grove Mo** Date signed **2-5-42**

1234

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5, 3810

District File Number. 742438

Date Filed 7-27-49

MAY 14 1951

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 *Scarp Stapp*

Licensed Embalmer No. 3101

P. O. Address *Wm. James Mc*

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.