

S. No. 2
UM-542
5-17-39
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21614

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 24 1943

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 337

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 1006 E. 2nd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Chas. Emmerich

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M. 5. Color or Race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Mattie

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Jan. 27 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	4	17	hr. min.

9. Birthplace Toledo Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Mining

11. Industry or business _____

MOTHER FATHER {

12. Name John Emmerich

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Thysen

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Emmerich

(b) Address 1006 East 2nd.

17. (a) Burial (b) Date thereof 6/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Mem.

18. (a) Signature of funeral director Parker - Hunsaker

(b) Address Joplin, Missouri

19. (a) 6-16-43 (b) G. E. S. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1943 hour 10 minute 30 p.m.

21. I hereby certify that I attended the deceased from June 14th
1943 to _____, 19____;
that I last saw him alive on June 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes

Due to _____

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 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 V. E. [Signature] (M. D. _____)

Address 311 Miners Bk. Bldg. Date signed 6-16-43

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

1204

(Licensed Embalmer's Statement on Reverse Side)

48-6,514

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.