

FILED JAN 3 1943

Registration District No. 57

Primary Registration District No. 4097

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Harrisonville

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19

(c) City or town Harrisonville 0

(If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ 0 years.

3. (a) PRINT FULL NAME LOGAN EMBRICK

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 504-45-2254

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Jan. 25 1898

(Month) (Day) (Year)

8. AGE: Years 45 Months 10 Days 25 If less than one day _____ min.

9. Birthplace Cass Co Mo

(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

MOTHER-FATHER { 12. Name Leah Embrick

18. Birthplace Unknown

(City, town, or county) (State or foreign country)

14. Maiden name Mary Florence Embrick

15. Birthplace Cass Co Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Stella Gillett

(b) Address Ottawa, Kansas

17. (a) Burial (b) Date thereof Dec 23 1943

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orend Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO

19. (a) Dec. 23, 1943 (b) Margaret Valle

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20

year 1943 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on Dec 20, 1943, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Acute Alcoholic and Fall in Stair Landing Duration _____

let up

Due to _____

Due to _____

10 39

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) Accident 119

(b) Date of occurrence Dec 20, 1943

(c) Where did injury occur? Harrisonville Cass Mo

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Public Square on side walk

(Specify type of place)

While at work? _____ (Specify type of work)

(Specify type of place) (Specify type of work)

23. Signature E. M. Griffith (M.-D. or other) _____

Address Harrisonville Mo Date signed Dec 23

Cornet Cass Co 143

JAN 6 1944

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 Ernest R. Pennington

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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.