

FILED JUL 22 1946
Registration District No. 12

Primary Registration District No. 3017

Registrar's No. 222

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At Home, 605 Roberts St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 Years.
years, months or days)

3. (a) PRINT FULL NAME Lawrence Emrich.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-16-6459

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 alive _____ years

7. Birth date of deceased November 5 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 7 29 hr. min.

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

10. Usual occupation R.R. Brakeman.

11. Industry or business M.K. & T. R.R. Co.

12. Name H. L. Emrich.

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

14. Maiden name Mary Long

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

16. (a) Informant Mrs. Vio Kinsey.

(b) Address 605 Roberts, St. Boonville, Mo.

17. (a) Burial (b) Date thereof July 6th 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cem. Sedalia, Mo.

18. (a) Signature of funeral director Woodman & Holley

(b) Address Boonville, Mo.

19. (a) July 3, 1946 (b) Clay Morris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. 605 Roberts, St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1946 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from June 30
1946 to July 4, 1946
that I last saw him alive on July 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration 5 days.

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) _____
Date of occurrence _____

(b) Where did injury occur? _____
(City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature M. L. Deckerger (M. D. or other) M.D.
Address Boonville, Mo. Date signed 7/5/46

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

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MOTHER FATHER

AUG 2 1946

District File No. _____
District File Number _____
to Filed 7-20-46

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 G. F. Bolter

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.