DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40565

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5431

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 813 N Chestnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48 3
(c) City or town Kansas City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 813 N. Chestnut
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no 0

3. (a) PRINT FULL NAME Theodore Emerick
3. (b) If veteran, name war Spanish Am
3. (c) Social Security No. none
4. Sex Male
5. Color or race wht
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Sabina Emerick
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April 6 (Month) (Day) 1862 (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	8	18	hr. min.

9. Birthplace Belgium (City, town, or county) 4 (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Jacob Emerick 4
13. Birthplace Belgium (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant John Sortaert
(b) Address 813 N. Chestnut
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-28-46 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's Ludy, Mo
18. (a) Signature of funeral director [illegible]
(b) Address 2657 Linden Ave
19. (a) 12-27-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1946 hour 4 minute 15 P M.
21. I hereby certify that I attended the deceased from Dec 23 22, 1946, to Dec 24, 1946 that I last saw him alive on Dec 23, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to —	
Due to —	
Other conditions General Arterio Sclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 94a	

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [illegible] (M. D. or other)
Address Kansas City Mo Date signed Dec 27 1946

(Licensed Embalmer's Statement on Reverse Side)

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

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. S. Walton

Licensed Embalmer No. 2744

P. O. Address 3030 Harr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.