S. No. 2
1—12-45
. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1072

Registrar's No. 430

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: St Mary's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 days (Specify whether years, months or days)
In this community: 44 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 50th & 50 Highway (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No) 5
If yes, name country:

3. (a) PRINT FULL NAME: John Emrick
3. (b) If veteran, name war: no
3. (c) Social Security No. 495-01-2548
4. Sex: male 1
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Leone
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: Oct (Month) 11 (Day) 1902 (Year)
8. AGE: Years 44 Months 3 ~~11~~ Days 16 ~~15~~ If less than one day: hr. min.
9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Brewery Driver
11. Industry or business:
12. Name: Frank Emrick 11
13. Birthplace: (City, town, or county) Belgium (State or foreign country) 1
14. Maiden name: Emma Bray
15. Birthplace: (City, town, or county) Belgium (State or foreign country) 4
16. (a) Informant: Mrs Leone Emrick
(b) Address: 55th & 50 Highway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Quirk and Sobert
(b) Address: 20 West Linwood
19. (a) 1-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 27th day year 1947 hour 3:40 minute a M.
21. I hereby certify that I attended the deceased from Jan 20, 1947 to Jan 27, 1947 that I last saw him alive on Jan 27, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Degeneration	7 days
Due to: Coronary Thrombosis	7 days
Due to: Coronary Sclerosis	years
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 93 d	
Of autopsy: As above	

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
23. Signature: Luther M Parker (M. D.) MD
Address: 306 E 12 Date signed 1-28-47

(Licensed Embalmer's Statement on Reverse Side)

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.

Death

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No.
Local Registrar's No. 430

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 18th day of February, 1947, before me appears Mrs. Leone Emrich, who, upon her oath, states that the original record of ~~birth~~ death for John Emrick, died ~~born~~ Jan. 27, 1947, in the State of Missouri, and which was filed at Kansas City on 1-29, 1947, should be corrected as follows:

Item No. 6c should read 48

Instead of 51

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant X Mrs Leone Emrick - wife
Relationship.

55th & 50 Highway
Present Address.

Subscribed and sworn to before me this 18th day of February, 1947.

My Commission expires Oct. 20, 1947

Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
-4-43
X36667

S-1072