

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 15 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 10721

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town W. C.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Research Hosp O
(If not in hospital or institution, write street number, or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether)
 In this community 2 yrs
years, months or days

8. (a) PRINT FULL NAME: John Franklin Emick
 8. (b) If veteran, name war _____
 8. (c) Social Security No. ✓

4. Sex: Male
 5. Color or race: White
 6. (a) Name of husband or wife: Anna Emick
 6. (b) Name of husband or wife: Anna Emick
 6. (c) Age of husband or wife if alive: 61 years
 7. Birth date of deceased: Dec 6 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	3	9	hr. _____ min. _____

9. Birthplace: Ashtland Co Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business _____
 MOTHER FATHER {
 12. Name: Acton Emick
 13. Birthplace: Penn.
(City, town, or county) (State or foreign country)
 14. Maiden name: unknown
 15. Birthplace: unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: W. H. Emick
 (b) Address: Wich Mo 67193
Wich
 (c) Place: burial or cremation: Wich Mo.

17. (a) Signature of funeral director: W. A. Gausant
 (b) Address: Chautau Mo
 19. (a) 3/16/41 (Date received local registrar)
 (b) M. M. Crow (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Mo (b) County: Harry
 (c) City or town: Wich Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No.: Rural
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? ✓ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar day 15th
 year 1941 hour 8:20 minute P M.
 21. I hereby certify that I attended the deceased from Mar 11th
 _____, 1941, to Mar 15, 1941,
 that I last saw him alive on Mar 15, 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral embolus
 Due to: _____
 Due to: _____

Other conditions: Hypertension
(Include pregnancy within 6 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: None

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
 28. Signature: J. E. Ball (M. D. or other) _____
 Address: 1402 E 47 Date signed: 3/15/41

Duration: 5 days
 PHYSICIAN: _____
 Underline the cause to which death should be charged statistically.

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.....

W. d. Vansant, Registered Apprentice No.

working under my personal supervision.

Signed W. d. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton 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.