

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13593

FILED MAY 7 1945

Registration District No. 157

Primary Registration District No. 3573

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Blue Springs, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lake Tapawingo, Blue Springs, Missouri?
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
(Specify whether)

In this community 3 years,
(years, months or days)

3. (a) PRINT FULLNAME Alva O. Emrick

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Alice Emrick

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased August 17 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>7</u>	<u>28</u>	hr. min.

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

10. Usual occupation Retired,

11. Industry or business X

MOTHER FATHER

12. Name William H. Emrick

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

14. Maiden name Bather Biagrave

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

16. (a) Informant W. H. Campbell

(b) Address Lake Tapawingo, Blue Springs, Mo.

17. (a) removal (b) Date thereof 4-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Kansas,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-27-45 (b) Mrs. John Lawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,

(c) City or town Blue Springs Tapawingo Lake Rural
(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.? no. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14
year 1945 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from 4-7-1945 to 4-14-1945,
that I last saw him alive on 4-14-1945
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of right arm with extensive metastasis to liver and lungs.

Due to _____

Due to _____

Other conditions Myocardial degeneration
(Include pregnancy within 3 months of death)

Major findings:
Of operations 55 P.

Of autopsy _____

Duration 4 yrs.

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 J. E. Avery (M.D. or other) DO
Address Blue Springs, Mo. Date signed 4-14-45

John C. Miller

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.....

working under my personal supervision.

Registered Apprentice No.

Signed.....

[Signature]

Licensed Embalmer No. 1415

P. O. Address..... F. C. Miller

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.