

S. No. 2  
FORM-5-43  
REV. 5-17-39  
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1345**  
Registrar's No. **5380**

**FILED** JAN 21 1946

Registration District No. **177** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**1018 Washington**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **62 Yrs** (Specify whether years, months or days)

In this community **62 Yrs**

3. (a) PRINT FULL NAME **Samuel Emery**

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 **Wid.**

6. (b) Name of husband or wife **Edna Emery**

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

7. Birth date of deceased **Mar 1 1883**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>62</b>	<b>9</b>	<b>20</b>	hr. min.

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

10. Usual occupation **Bridge Builder Retired.**

11. Industry or business

12. Name **William Emery**

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

14. Maiden name **Phoebe Ellen Hause**

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

16. (a) Informant **Susan Smith**

(b) Address **1018 Washington**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Dec 28 1945**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cem.**

18. (a) Signature of funeral director **Mrs. C. L. Forster**

(b) Address **918 Brooklyn**

19. (a) **12-28-45** (Date received local registrar)

**Deraldine Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1018 Washington**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **21**  
year **1945** hour **4** minute **30P** M.

21. I hereby certify that I attended the deceased from **Brown** 19... to 19...  
that I last saw h... alive on 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary sclerosis**

Due to **arterio sclerosis**

Due to

Other conditions (Include pregnancy within 3 months of death) **940**

Major findings: Of operations:

Of autopsy **no history of angina**

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

23. Signature **J. J. Walker** (M. D. or other)

Address **1824 1/2 S. 1st** Date signed **1-2-46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
100272

---

---

**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..... *C. H. Wise* .....

Licensed Embalmer No. *2570* .....

P. O. Address *K. O. 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.**