

**FILED** APR 10 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1439

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. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 weeks  
(Specify whether since 1918)  
 In this community since 1918  
years, months or days

3. (a) PRINT FULL NAME Charles E. Emmert

3. (b) If veteran, name war NO.  
 3. (c) Social Security No. None

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Mrs. Margaret Johns Emmert  
 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased: March 30 1863  
(Month) (Day) (Year)

8. AGE: 82 Years 11 Months 25 Days 25 hr. 5 min.  
If less than one day

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

10. Usual occupation Retired

11. Industry or business X

MOTHER FATHER

12. Name John Emmert

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

14. Maiden name Louisa M. Burkhard

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

16. (a) Informant Miss Helen Emmert

(b) Address 3 East 55th Ter., Kansas City, Mo

17. (a) removal (b) Date thereof 3-27-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo.

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

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

19. (a) 3-26-46 (b) Sheldine Holmsted  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3 East 55th Terrace 7  
(If rural, give location)  
 (e) Citizen of foreign country? no. 0  
(Yes or No)  
 If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
 year 1946 hour 12:01 minute 1 A. M.

21. I hereby certify that I attended the deceased from 3/29 to 3/25 1946  
 that I last saw him alive on 3/25 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction  
Acute Coronary Thrombosis  
 Due to 9/11/46  
 Due to 1/26

Other conditions Coronary Thrombosis Jan 9/39  
(Include pregnancy within 3 months of death)

Major findings: 940  
 Of operations

Of autopsy Yes. Acute Coronary Thrombosis with infarction  
 Underline the cause to which death should be charged statutorily.

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 0

23. Signature J. V. Deere (M. D. or other)  
 Address 3235 Gillham Plaza, Kansas City, Mo Date signed 3/25/46

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

Dr. J. V. Bell

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**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

*J. V. Bell*

Licensed Embalmer No. *4179*

P. O. Address *K. S. Bell*

**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.**