

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

5248 State File No. 15217

BIRTH NO.		REG. DIST. NO. 67		PRIMARY REG. DIST. NO. <del>5247</del>		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Wayland</u>		c. LENGTH OF STAY (In this case) <u>fall</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural; Cockrell</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. n. e. of Salisbury</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi N. of Salisbury</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Emmerich</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 24 49</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>12-11-1946</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>13</u>	IF UNDER 2 YRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>working</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Francis Emmerich</u>			13b. MOTHER'S MAIDEN NAME <u>Agnes Nanneman</u>		14. NAME OF HUSBAND OR WIFE <u></u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Emmerich</u> ADDRESS <u>Salisbury</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fracture of skull &amp; brain laceration</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>none</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>none</u>  <u>5:120</u>  <u>25</u>
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wayland township Chariton Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 24, 1949 6:20 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Ran over by truck</u>		<u>21</u>	
22. I hereby certify that I attended the deceased from <u>April 24 1949</u> , to <u>April 24 1949</u> , that I last saw the deceased alive on <u>March 19 49</u> , and that death occurred at <u>6:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. L. Harris</u> (Degree or title) <u></u>			23b. ADDRESS <u>Salisbury Mo</u>			23c. DATE SIGNED <u>4-27-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-25-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph</u>		24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>		
DATE REC'D BY LOCAL REG. <u>4/25/49</u>		REGISTRAR'S SIGNATURE <u>L. W. Hawkins</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Blunkhauer</u> ADDRESS <u>Salisbury</u>			

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

MAY 7 REC'D

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-25-49

MAY 26 1949

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Chas B Winkley*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3842

P. O. Address Salisbury Md

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.