

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

APR 24 1935

10081

1. PLACE OF DEATH

County Reynolds Registration District No. 6-5-3
Township Hayward Primary Registration District No. 3865
City (No.) St. Ward)

File No. 142
Registered No. 142

2. FULL NAME

Samuel Ray Heminger

(a) Residence, No. Hayt no St. Wd.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 5 (use the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-15-31

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
4 1 5

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayt no

FATHER
13. NAME Louis Heminger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett, Mo

MOTHER
15. MAIDEN NAME May Garner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayt no

17. INFORMANT (ADDRESS) Louis Heminger Hayt no

18. BURIAL, CREMATION, OR REMOVAL PLACE Dry Boggs DATE 3-21 1935

19. UNDERTAKER (ADDRESS) Friends

20. FILED 3-27 1935 JWR Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20 1935

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 9:15 A.M.
The principal cause of death and related causes of importance were as follows:

Drowned
Fell into back water in Miss. overflow
Other contributory causes of importance: 115

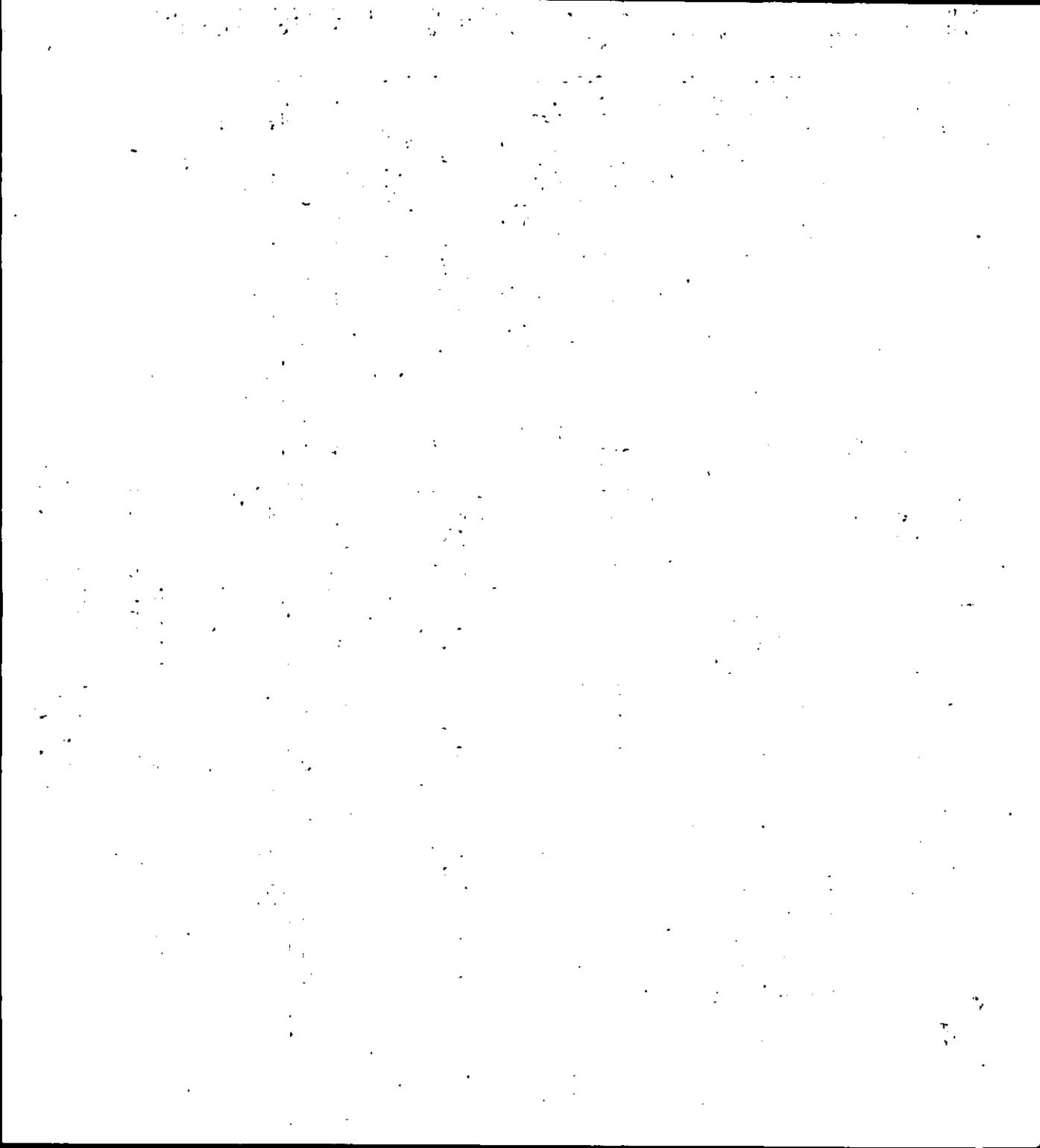
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....
(Signed) CWR Rhodes
(Address) Hayt no

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.



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1. PLACE OF DEATH

County Jefferson Registration District No. 653
 Township..... Primary Registration District No. 3865
 City..... (No....., St..... Ward.....)

2. FULL NAME

Sammie Ray Hemminger
 (a) Residence, No..... St., Ward.....
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 1 5

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER FATHER
 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 3-27 1935 J.W. Rhoads Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20, 1935

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Drowned - fell into backwater in mass overflow
Fell from porch into
 Other contributory causes of importance:
overglow

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify Yes
 (Signed) W.K. Rhodes Coroner D.
Wayne
 (Address).....

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