

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

Do not use this space.

OCT 2 1936

34524

1. PLACE OF DEATH

County Jackson Registration District No. Kan. 18 File No. 10255
 Township Kaw Primary Registration District No. 10255 Registered No. 10255
 City Kansas, Mo. (No. General Hospital #2) St. _____ Ward _____

2. FULL NAME

Frank Hemmings
 (a) Residence, No. 2841 S. W. Blvd. 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 <u>male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>62</u>	MONTHS	DAYS
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common Labor</u>	11. Total time (years) spent in this occupation <u>unknown</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unknown</u>	
	10. Date deceased last worked at this occupation (month and year) <u>unknown</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
FATHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>unknown</u> (ADDRESS)		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>St Louis</u> DATE <u>9-18</u> 19 <u>36</u>		
19. UNDERTAKER <u>Grand Lodge</u> (ADDRESS) <u>1409 East 12th</u>		
20. FILED <u>Sept 18, 1936 M. M. Crow</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-15-1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 Last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Cor. Hypertensive myocarditis
with pulmonary edema

Other contributory causes of importance:
930

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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? no
 If so, specify _____
 (Signed) Rucian Richardson, M. D.
 (Address) 1832 Vine

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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