

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

Do not use this space.

6829

REC'D MAR 24 1938

1. PLACE OF DEATH
 County GREENE Registration District No. 316
 Township n. Campbell Primary Registration District No. 5439
 City SPRINGFIELD (No. R.F. 1) St. _____ Ward _____

2. FULL NAME Henry Kemmling
 (a) Residence, No. Springfield Mo. Ward. 545
 (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.

File No. _____
 Registered No. 107

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) white married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1873

7. AGE YEARS 65 MONTHS 1 DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On farm

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) Ohio

13. NAME Ernst Kemmling

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

15. MAIDEN NAME Minya Micky

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

17. INFORMANT Minnie Kemmling
 (ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Feb 8

19. UNDERTAKER J. W. Klugner & Co.
 (ADDRESS) Springfield Mo.

20. FILED Feb 8 1938 Glas A. Berger
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him alive on Feb 3, 1938 Death is said to have occurred on the date stated above, at 10:00 A. m.
 The principal cause of death and related causes of importance were as follows:
"heart failure"; only had a few moments after being stricken; died at or about 10 P. M. - Thursday, February 3, 1938. Chronic Myocarditis
 Other contributory causes of importance: _____
93C

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no.

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) Jas. B. Benson, Justice of the Peace
 (Address) 1622 1/2 No. Robertson, Springfield, Missouri.

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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