

REC'D MAY 25 1938

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

16116

Do not use this space.

## 1. PLACE OF DEATH

- (a) County Vernon Registration District No. 875  
 (b) Township Washington Primary Registration District No. 6162 Registered No. 104  
 (c) City Neenah (d) Street No. State Hospital #3 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ernest Hemmons

- (a) Residence, No. 1203 Wisconsin Joplin, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32 6 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Steel Worker  
 9. Industry or business in which work was done, as 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) Joplin, Mo.13. NAME Andy Hemmons14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.15. MAIDEN NAME Prigentia Love16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Wife - 1203 Wisconsin St Joplin, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE Apr 14, 193819. FUNERAL DIRECTOR (ADDRESS) Franklin Moore Joplin Mo20. FILED April 16, 1938 Allen V. Hays Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1938 to April 12, 1938  
 I last saw him alive on April 11, 1938 Death is said

to have occurred on the date stated above, at 7 a m.  
 The principal cause of death and related causes of importance were as follows:

Fever of Unknown Origin

Date of onset

Other contributory causes of importance: 200k

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? No.

If so, specify \_\_\_\_\_

(Signed) Reuben H. Patten, M.D.(Address) State Hosp #3, Nevada

JUN 1 1950

STATEMENT BY LICENSED EMBALMER

I, Lanpher Mortuary, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by F. M. Jones

\_\_\_\_\_, L. E. \_\_\_\_\_  
No. 2319 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed F. M. Jones  
Licensed Embalmer No. \_\_\_\_\_

**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.)**