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.

REC'D JUL 14 1938

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

21386
Do not use this space.

1. PLACE OF DEATH
(a) County BUCHANAN — Registration District No. 85
(b) Township WASHINGTON — Primary Registration District No. 1001 — Registered No. 644
(c) City ST. JOSEPH, — (d) Street No. 701 POWELL ST. 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 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ANGELINE OLIVER HEMENWAY 550
(a) Residence, No. 701 POWELL St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: UNKNOWN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): SEPTEMBER 9, 1847
7. AGE: YEARS 90 — MONTHS 9 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: HOUSEWIFE
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): PULASKI, IOWA. 1 9

FATHER
13. NAME: UNKNOWN OLIVER 1 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN 1

MOTHER
15. MAIDEN NAME: UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT (ADDRESS): L. S. SHUMATE, REEDS SPRINGS, MO.
18. BURIAL, CREMATION, OR REMOVAL — PLACE MACON, MO. DATE JUNE 21, 1938.
19. FUNERAL DIRECTOR (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.
20. FILED June 20, 1938 H. J. Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JUNE 20, 1938, 19

22. I HEREBY CERTIFY, That I ~~attended~~ Viewed deceased from June 20th, 1938, to ....., 19....
I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at 4:00 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
93C	
Other contributory causes of importance: Arterio sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? History 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) B. W. Tadlock Coroner M. D.
(Address) King Hill Bldg

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, JOHN E. RUPP, Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this certificate was embalmed by JOHN E. RUPP

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)