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.

DEC'D NOV 21 1938

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

35622
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin Registration District No. 292
(b) Township Primary Registration District No. 4176 Registered No.
(c) City New Haven Mo (d) Street No. 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 Mrs. Robert Vemmer
(a) Residence, No. 560 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 W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Vemmer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 11-1894
7. AGE YEARS 44 MONTHS 7 DAYS 30 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. House Wife
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) New Haven Mo 6

FATHER
13. NAME John McKeehan 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Mo 6

MOTHER
15. MAIDEN NAME Mary Greenstreet
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Mo

17. INFORMANT (ADDRESS) Robert Vemmer New Haven Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE New Haven Cem DATE 11-13-1938
19. FUNERAL DIRECTOR (ADDRESS) L. C. Fertig & Son New Haven Mo 265
20. FILED Nov 10 1938 Jeff C. Grauenmann Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9, 1938
22. I HEREBY CERTIFY, That I attended deceased from October, 1937, to Nov. 9, 1938.
I last saw her alive on Nov. 8, 1938. Death is said to have occurred on the date stated above, at 1 45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast followed by generalized metastasis to abdominal organs and bones	1934

Other contributory causes of importance: 50

Name of operation Radical breast removal Date of 1934
What test confirmed diagnosis? Hours of time & X-ray 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. P. Eisenmann, M. D.
(Address) New Haven, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Earl Frertig, Licensed Embalmer No. 3385

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. Earl Frertig

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

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