

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

26566
 Do not use this space.

DEC'D AUG 19 1939

1. PLACE OF DEATH

(a) County Polk Registration District No. 701
 (b) Township Masson Primary Registration District No. 44522
 (c) City Bellevue (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.

Registered No. 30

2. PRINT FULL NAME

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

James H. Hembree

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Elizabeth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 5, 1874</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>4</u>
		DAYS <u>8</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>day</u>	
	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) <u>Mo.</u>		
FATHER	13. NAME <u>Ben Hembree</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
MOTHER	15. MAIDEN NAME <u>Pinkley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dallas, Tex. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Joe Hembree</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>City Cemetery</u>	DATE <u>July 16, 1939</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. H. Roberts</u> <u>Bellevue Mo.</u>		
20. FILED <u>7-16-1939</u>	<u>J. H. Roberts</u> Local Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-13, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-5 1939 to 7-13 1939
 I last saw him alive on July 12, 1939. Death is said to have occurred on the date stated above, at 10:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Cardiovascular renal syndrome
131
 Date of onset 1938

Other contributory causes of importance:
acute diarrhea
cause not determined
7/5/39

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) Doyle Williams, M. D.
J. H. Roberts (Address) Bellevue Mo.

K. 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.

RECEIVED

RECEIVED

District Health Officer No. 7,

District File Number 7-39-122

Date Filed 8-11-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.