. S. No. 2
—11-10-39
v. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 22 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18775

Registration District No. 420 Primary Registration District No. 3022 Registrar's No. 46

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town DeSoto VALLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Not in Hospital 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town DeSoto
(If outside city or town limits write "RURAL")

(d) Street No. 1300 North Main
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Martha Jane Hemphill 514

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Ira Wesley Hemphill

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 28 (Day) 1870 (Year)

8. AGE: Years 70 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Valle Mines (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Dolph Haverstick
13. Birthplace Not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant James D Hemphill
(b) Address 1300 N Main St Desoto

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May (Month) 4 (Day) 1940 (Year)
(c) Place: burial or cremation City--DeSoto Mo.

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto Mo.

19. (a) 5-23-40 (Date received local registrar) (b) Jeneva Donnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1940 hour 8 minute 20 PM.

21. I hereby certify that I attended the deceased from 4-29, 1940, to 5-1, 1940
that I last saw her alive on 5-1, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus — Duration 6

Due to 54

Due to

Other conditions Cerebral Hemorrhage 1939 1940 4-27-40
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Chas E Fallet (M. D. ~~or other~~)
Address DeSoto Mo Date signed 5/3/40

(Licensed Embalmer's Statement on Reverse Side)

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 Jhee Mothershead

Licensed Embalmer No. 3531

P. O. Address DeSoto Mo

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.