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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21284

FILED JUL 12 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 689

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours (Specify whether
In this community 3 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural Easton, Mo.
(If outside city or town limits write "RURAL")

(d) Street No. ¼ Mile N.E.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 59 years years.

3. (a) PRINT FULL NAME Henry Kemmer 560

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Kemmer

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

7. Birth date of deceased December (Month) 1 (Day) 1862 (Year)

8. AGE: Years 77 Months 6 Days 25 If less than one day hr. min.

9. Birthplace Hanover (City, town, or county) Germany (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

FATHER
12. Name Herman Kemmer
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant John G. Kemmer
(b) Address Easton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1940 (Month) (Day) (Year)
Easton, Mo. --- (c) Place: burial or cremation St. Joseph's Cemetery

18. (a) Signature of funeral director Herman Wm. Sydenfaden
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) June 27, 40 (Date received local registrar) (b) H. J. Nestlebush M. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1940 hour 7 minute 45 A M.

21. I hereby certify that I attended the deceased from June 22, 1940, to June 26, 1940, that I last saw him alive on June 22, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration 4 days

Due to Arterio Sclerosis — Unknown

Due to

Other conditions (Include pregnancy within 3 months of death) 94 10

Major findings:
Of operations ✓
Of autopsy none

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)
85
While at work? (e) Means of injury

23. Signature John L. Payne (M. D. or other)
Address St. Joseph Mo. Date signed 6-26-40

(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 Albert R. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo.

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.)

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