DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30499

Registration District No. 689 Primary Registration District No. 3033 Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike
(c) City or town Louisiana (If outside city or town limits, write "RURAL")
(d) Street No. 721 Washington (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs (Grant) Vergie Kemry ~~Kemery~~
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grant Kemery
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Sep 17 1876 (Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Shamrock (City, town, or county) Mo (State or foreign country)
10. Usual occupation 0
11. Industry or business Nswfe
FATHER
12. Name Wm Harvey
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rosa Jane Martin
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Grant Kemery
(b) Address Louisiana Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview, Louisiana Mo
18. (a) Signature of funeral director F Haley Jr
(b) Address Louisiana Mo
19. (a) 11/19-40 (Date received local registrar) (b) F Haley Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1940 hour 8 minute 40 p M.
21. I hereby certify that I attended the deceased from Aug 6, 1940 to Nov 18, 1940 that I last saw her alive on Nov 18, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to Cardio vascular renal disease
Due to Diabetes
Other conditions (Include pregnancy within 3 months of death) 59
Major findings: Of operations
Of autopsy

Duration

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 Emil J Mayer (M. D. or other) D.O.
Address Louisiana Mo Date signed 11/19-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.
Rev. 5-17-39 1 X 19511

RECEIVED
District Health Officer No. 10
District Filo Number 12-40-2240.
Dato Filod DEC 7 1940

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 George O. Wagner, Registered Apprentice No. ....., working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana 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.