S. No. 2
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FILED JAN 8 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41285

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4678

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

1. PLACE OF DEATH

(a) County Jackson

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")

(d) Street No. 456 Excelsior Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME Betty Hemmel

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 Infant

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 10 (Day) 1940 (Year)

8. AGE: Years | Months 4 5 | Days 28 | If less than one day hr. min.

9. Birthplace Excelsior Springs (City, town, or county) Mo (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Walter Hemmel
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Janet Vanbebber
15. Birthplace Excelsior Springs (City, town, or county) Mo (State or foreign country)

16. (a) Informant Sue Hackensmith
(b) Address Excelsior Springs Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 9 (Month) 1940 (Day) (Year)
(c) Place: burial or cremation Salem

18. (a) Signature of funeral director Hubert Hope
(b) Address Excelsior Springs Mo

19. (a) 12-9-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
year 1940 hour 1:50 A ~~minute~~ M.

21. I hereby certify that I attended the deceased from Anna, 19 ;
that I last saw h alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia (no contributory cause)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Sw of mi

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 C H Etch (M. D. or other) 12/8/40
Address Date signed

(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. Geo Lockensmith

Licensed Embalmer No. 3597

P. O. Address Excelsior Springs

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

If this body is not embalmed, fact should be so stated above.