No. 2
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17-39
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RECEIVED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1856

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 86

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1011 Main St /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community Life - 38 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL") 7
(d) Street No.: 1011 Main St
(If rural, give location) D
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Helen Gemmer
3. (b) If veteran, name war: ____
3. (c) Social Security No. 491-10-0738
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife: ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: June 2, 1902 (Month) (Day) (Year)
8. AGE: Years 38 | Months 7 | Days 7 15 | If less than one day ____ hr. ____ min.
9. Birthplace: St. Joseph (City, town, or county) Missouri 1 (State or foreign country)
10. Usual occupation: Saleslady
11. Industry or business: Townsend Clothing Company
FATHER 12. Name: John George Gemmer
FATHER 13. Birthplace: Huntington, Ky 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Rose Huber
MOTHER 15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Emma Gemmer
(b) Address: 1011 Main St
17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof 1-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: Tracy Barry Funeral Home
(b) Address: 218 South 10th St St. Joseph, Mo.
19. (a) 1-21-1941 (Date received local registrar) (b) J. J. Westlebough (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17 year 1941 hour 1 minute 05 P. M.
21. I hereby certify that I attended the deceased from May 26, 1939 to January 17, 1941, that I last saw her alive on December 29, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Sarcoma of femur - right — Duration: Jan. 1939
Due to: Sacomatosis — Sept. 1940
Due to: 15
Other conditions (Includes pregnancy within 3 months of death): 25
Major findings: Of operations: Periosteal sarcoma - grade 3 to 4
Of autopsy: (May 28, 1939)

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)
(e) Means of injury

23. Signature: L. E. Senor M.D. (M. D. or other) D
Address: St. Joseph, Mo Date signed 1-20-41

(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 John E. Myers

Licensed Embalmer No. 3220

P. O. Address St. Joseph - Mo

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

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