

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

Registration District No. 668

Primary Registration District No. 3092

State File No. _____

Registrar's No. 1374

1. PLACE OF DEATH:
 (a) County Putnam
 (b) City or town Sedalia Mo.
 (c) Name of hospital or institution Bathwell Hospital
 (d) Length of stay: In hospital or institution 2 Days
 In this community _____
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County 66
 (c) City or town Sedalia Olean
 (d) Street No. MO
 (e) If foreign born, how long in U. S. A? 1 years.

3. (a) PRINT FULL NAME Herbert E. Hemmick
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 18th
 year 1941 hour 12 12 minute P M.

4. Sex male 5. Color or race W
 6. (a) Single, widowed, divorced, single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if _____ years

21. I hereby certify that I attended the deceased from April 17th
 1941 to April 18th 1941;
 that I last saw him alive on April 18 1941;
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Sept. 15 1910
 (Month) (Day) (Year)
 8. AGE: Years 30 Months 7 Days 3
 If less than one day _____ hr. _____ min.

Immediate cause of death Fracture of skull - (Hemorrhage) Compound Fracture Rt Femur
 Due to Auto accident near
 Due to Ottumwa Mo -

9. Birthplace Olean Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Store Worker

Other conditions Intracranial Abdominal Injuries
 Major findings: none
 Of operations _____
 Of autopsy none

11. Industry or business _____
 12. Name William E. Hemmick
 13. Birthplace Mo. (MO. 1)
 14. Maiden name Cassie Shuttles
 15. Birthplace Mo. (MO. 1)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) as stated
 (b) Date of occurrence April 17 & 1941
 (c) Where did injury occur? Ottumwa Mo
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
On the highway - no 50 -
 (Specify type of place) _____
 (e) Means of injury as stated

16. (a) Informant W. E. Hemmick
 (b) Address Olean
 17. (a) Burial (b) Date thereof Apr 20-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Olean Mo
 18. (a) Signature of funeral director W. E. Hemmick
 (b) Address Olean Mo
 19. (a) 4-18-41 (b) Wm. Harry S. Mendenhall
 (Date received local registrar) (Registrar's signature)

23. Signature Wm. Harry S. Mendenhall (M. D. or other) D
 Address Sedalia Mo Date signed 4/18/41

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NOV 1 1944

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 G. W. Steppens

Licensed Embalmer No. 2307

P. O. Address Russellville

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, fact should be so stated above.

Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Peoria
(b) City or town Adalia
(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
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Herbert E Hunsaker
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race W
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 7 3 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) _____ (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH month Apr day 18
year 1941 hour _____ minute _____ M.

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

Immediate cause of death Fracture of skull
Hemorrhage
Compound fracture rt
femur

Due to Auto accident near
Otterville

Other conditions (Include pregnancy within 3 months of death)

Internal abdominal
injuries

Major findings:
Of operation _____
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) Accidental, suicide, or homicidal (Specify) see other side

(b) Date of occurrence Apr 17 1941

(c) Where did injury occur? Otterville (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Yes

While at work? No (Specify type of place) (e) Means of injury

23. Signature J. B. Carleton M.D. (M.D. or other)
Address Adalia Mo Date signed 6-21-41

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

SUPPLEMENTARY

He came down the Otterville hill coming into Otterville. He was driving alone. He either lost control of his car or did not see the buttress of the bridge. His car apparently driven at a high rate of speed hit the bridge. No one saw the accident. The patient was never able to give any coherent account of the same.

Jno. B. Carlisle M.D.
Dr. Jno. B. Carlisle,
Sedalia, Missouri
June 21st, 1941.

S-15449