

FILED AUG 25 1941

State File No. _____

Registration District No. 300

Primary Registration District No. 5417

Registrar's No. 7

36
006
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH Franklin
 (a) County Franklin
 (b) City or town Lyon, Mo
 (c) Name of hospital or institution _____
 (If outside city or town limits, write "RURAL" and name of township)
 (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 Missouri (b) County Franklin
 (c) City or town Rural 036
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Louise Hemminghaus
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Female 5. Color of race W. 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Herbert Hemminghaus 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 18 1861
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 31st
 year 1941 hour 10 minute 30 A.M.
 21. I hereby certify that I attended the deceased from October 18 1938 to July 31 1941
 that I last saw her alive on July 31 1941
 and that death occurred on the date and hour stated above.
 Immediate cause of death Emphysema of Right Foot

8. AGE: Years 79 Months 8 Days 31 If less than one day _____ hr. _____ min.

Due to Arteriosclerosis Don't know
 Due to Diabetes mellitus Don't know

9. Birthplace Franklin Co 0
 (City, town, or county) (State or foreign country)

Other conditions Nodular thyroid hypertrophy
 (Include pregnancy within 3 months of death)
and auricular fibrillation

10. Usual occupation House Wife
 11. Industry or business _____
 12. Name Wm Deppermann
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Don't know
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

Major findings: no operation 61
 Of operations _____
 Of autopsy No autopsy 61

16. (a) Informant Frank Hlevensand
 (b) Address New Haven, Mo
 17. (a) Rural (b) Date thereof 8-3-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Road, Harrison

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 _____

18. (a) Signature of funeral director Wm Deppermann
 (b) Address New Haven, Mo
 19. (a) 8-2-41 (b) J. H. Matthews
 (Date received local registrar) (Registrar's signature)

23. Signature B. P. Deppermann (M. D. or other) MD
 Address New Haven, Mo Date signed 8/1/41

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Earl Festig

Licensed Embalmer No. 3385

P. O. Address New Haven

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.