

2019

S. No. 2
DM-542
Rev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 13 1943
Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
208 Monroe Street
(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) 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 208 Monroe Street
(If rural, give location)

(e) Citizen of foreign country?.....(Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME John A. Rembert

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex male 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 December 28 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 -- 11 hr. min.

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

10. Usual occupation Grocery Merchant

11. Industry or business.....

12. Name W. A. Rembert

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

14. Maiden name Mollie Ann Bright

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

16. (a) Informant E. W. Rembert

(b) Address Jefferson City, Missouri

17. (a) Burial Jan-10-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date thereof.....

(c) Place: burial or cremation Sweet Springs, Mo.

18. (a) Signature of funeral director Theresa J. Gaden

(b) Address Jefferson City, Missouri

19. (a) 1-9-43
(Date received local registrar)

(b) Theresa J. Gaden
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8
year 43 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to 1/8 1943
that I last saw him alive on 1/3/43 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to.....

Due to.....

Other conditions 61
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?.....

While at work?.....
(Specify type of place) (Means of injury)

23. Signature Edward G. ...
Address Jefferson City, Mo. Date signed 1/9/43

Duration

6 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Louis Forest

Licensed Embalmer No.....

4096

P. O. Address.....

Jefferson City 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, fact should be so stated above.