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FILED FEB 3 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3718

Registration District No. 347 Primary Registration District No. 4508 Registrar's No.

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

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0
0

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Galena, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community about 88 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone 104
(c) City or town Galena 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Solomon S. Hembrell

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex m

5. Color or race wh

6. (a) ~~Single,~~ widowed, ~~married,~~ 2 divorced widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 10 (Day) 1855 (Year)

8. AGE: Years 87 Months 11 Days 14 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Louis Hembrell Sr.
13. Birthplace ~~[illegible]~~ Tenn. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Phaebe
15. Birthplace Tenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant B. F. Hembrell
(b) Address Galena, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28-43 (Month) (Day) (Year)
(c) Place: burial or cremation Galena, Mo.

18. (a) Signature of funeral director Everett G Cheatham
(b) Address Galena, Mo.

19. (a) Jan 28 1943 (Date received local registrar) (b) Bess Allman Deputy (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24th
year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased ~~from~~ only Jan. 24, 19 to 19 43
that I last saw him alive on Jan 24 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 0

23. Signature Hershel Shockey Jr. (M. D. or other)
Address Galena, Mo Date signed Jan 28 1943

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 243-140
Date Filed FEB 2 1943

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena, 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.