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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 14 1943

Registration District No.

Primary Registration District No. 3000

Registrar's No. 137

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 10 mos. 13 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis
(c) City or town Canton 56
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Julius T. Hemming

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jennie E. Bailey

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

7. Birth date of deceased Jan (Month) 22 (Day) 1865 (Year)

8. AGE: Years 78 Months 4 Days 3 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Theodore Hemming
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Margaret Shiver
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Ernest Hemming
(b) Address Canton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation Canton Mo.

18. (a) Signature of funeral director Earl H. Barkley
(b) Address Canton Mo.

19. (a) 5/25/43 (Date received local registrar) (b) Mrs. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1943 hour 1:00 minute 05 P.M.

21. I hereby certify that I attended the deceased from March 15, 1943 to May 25, 1943 that I last saw him alive on May 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure.

Due to Hypertension followed by cerebral Hemorrhage

Due to

Other conditions None. 93 e 2
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
4
Of autopsy No autopsy
4

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 2

23. Signature A. R. Schultz (M. D. or other) DC
Address 503 E. Benton Kirksville, Date signed 5/25/43

10 F 7

(Licensed Embalmer's Statement on Reverse Side)

Mrs Morgan
515 N. Mulberry

JUL 6 - 1943

RECEIVED
District Health Officer No. 10
District File Number 6-43-1092
Date Filed JUN 11 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 Earl H. Barkley

Licensed Embalmer No. 3615

P. O. Address Canton, 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.