

FILED DEC 1 1943
77

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3865
Registrar's No. 245

Registration District No. 77

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Jefferson City
(b) City or town Jefferson City
(c) Name of hospital of institution: St. Marys Hospital
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Gus Hemeyer

3. (b) If veteran, name war _____ No. _____
3. (c) Social Security _____

4. Sex Male 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian
6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb. 12
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 10
If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Hubert H. Hemeyer

(b) Address Peaching, Mo.

17. (a) Removal (Burial, cremation, or removal) _____ (b) Date thereof 11-24-43
(Month) (Day) (Year)

(c) Place: burial or cremation Peaching, Mo.

18. (a) Signature of funeral director Funeral Service

(b) Address 700 Jefferson

19. (a) 11-22-43 (Date received local registrar) (b) Marna Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1943 hour 10 minute 45 M.

21. I hereby certify that I attended the deceased from Nov 12 1943 to Nov 22 1943
that I last saw him alive on Nov 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of

Due to Liver & Bile Ducts

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: H&K

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) (e) Means of injury _____

23. Signature J. A. Osseman M.D. (M. D. or other)

Address Jefferson City Date signed 11.22.43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JAN 4 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.....
J. H. Anderson

Licensed Embalmer No. *3641*

P. O. Address.....
Genoa

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.