

FILED JAN 6 1944

Registration District No. 5182Primary Registration District No. 5182Registrar's No. 32

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Rural, Shannon, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.F.D. No. 1 Jackson Mo near Pocolont
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community life time (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Ed. HEMMANN

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

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Ed. Hemmann 6. (c) Age of husband or wife if alive 18 1/2 years
 7. Birth date of deceased Feb 12 1887
 (Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 19 If less than one day hr. _____ min. _____9. Birthplace New Wells Mo (City, town, or county) (State or foreign country)10. Usual occupation House wife

11. Industry or business _____

12. Name John Hutchins
 13. Birthplace Germany (City, town, or county) (State or foreign country)
 14. Maiden name Henrietta (City, town, or county) (State or foreign country)
 15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ed Hemmann
 (b) Address Jackson Mo R #1
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Pocolont Mo
 18. (a) Signature of funeral director Paul Kahnerl
 (b) Address New Wells Mo

19. (a) 12-2-43 (Date received local registrar) (b) Hemmann (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
 (c) City or town Rural (If outside city or town limits, write "RURAL")
 (d) Street No. Pocolont Mo R #1 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1st year 1943 hour 7 minute 30 a. M.

21. I hereby certify that I attended the deceased from Aug, 1943, to Dec, 1943
 that I last saw her alive on Nov 20, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 1/2 hrs

Due to Hypertension 8:9

Due to _____
 Other conditions Diabetes 61 34
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
 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?
 While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature T. E. Ruff (M. D. or other) M.D.
 Address Jackson Mo Date signed 12-2-43

RECORDED

District Health Officer No. 4
District File Number 144-3101
Date Filed 1-5-44

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.....

BA Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson 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, above space should be left blank.