

FILED MAY 25 1944

Registration District No. **128**

Primary Registration District No. **5465**

Registrar's No. **421**

1. PLACE OF DEATH:

(a) County **GREENE**
 (b) City or town **SPRINGFIELD, Rural, N. Campbell Twp.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(2655 NATIONAL) Route #1 E. A. RD
 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **GREENE 39**
 (c) City or town **SPRINGFIELD Rural, N. Campbell Twp.**
 (If outside city or town limits, write "RURAL" and name of township)
(2655 N. NATIONAL), Route #1 E. A. RD
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **O**

3. (a) PRINT FULL NAME **JOHANA LOUISE KEMMLING**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **AUGUST W. KEMMLING** 6. (c) Age of husband or wife if alive **68** years
 7. Birth date of deceased **OCT. 26, 1874**
 (Month) (Day) (Year)

8. AGE: Years **69** Months **6** Days **18** If less than one day
 hr. min.

9. Birthplace **Unk. GERMANY**
 (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business **AT HOME**

12. Name **CHRIST WEECK**

13. Birthplace **Unk. GERMANY**
 (City, town, or county) (State or foreign country)

14. Maiden name **WILHEMINA SAULTZ**

15. Birthplace **Unk. GERMANY**
 (City, town, or county) (State or foreign country)

16. (a) Informant **August W. Kemmling MO.**
 (b) Address **SPRINGFIELD MO.**

17. (a) **Funeral** (b) Date thereof **May 17 1944**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cem. Springfield Mo.**

18. (a) Signature of funeral director **W. H. Kingery & Co. MO.**
 (b) Address **SPRINGFIELD MO.**

19. (a) **5-17-44** (b) **S. W. S. Handley**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14**
 year **1944** hour **10** minute **00 P. M.**

21. I hereby certify that I attended the deceased from **5-1** 19 **44** to **5-14** 19 **44**
 that I last saw her alive on **5-13** 19 **44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio-Sclerotic-vascular Disease** Duration **2-3 yr.**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **12/10**

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) (c) Means of injury **MO.**

23. Signature **Max F. L. MO.** (M. D. or other)
 Address **Springfield Mo.** Date signed **5-17-44**

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

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 Ray McLaughlin
Licensed Embalmer No. 1767
P. O. Address Springfield

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.