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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

Registration District No. 257

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44136

Primary Registration District No. 3048

Registrar's No. 57

1. PLACE OF DEATH:

(a) County ~~Atchison~~ Nodaway

(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Taylor

(c) City or town rural near Bedford Ia
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Hattie Kemery

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Roy Kemery

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Nov 26 1891 (Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Taylor Co (City, town, or county) Iowa (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Senator Risser
13. Birthplace unknown Colorado (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minerva Roe
15. Birthplace Taylor Co (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Roy Kemery
(b) Address Bedford Ia

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 21 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Grove Cem

18. (a) Signature of funeral director Stanley Swanson
(b) Address ~~Bedford Ia~~ Hopkins Mo

19. (a) 3-27-45 (Date received local registrar) (b) Amy Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 19 day
year 1945 hour 7 A M minute M.

21. I hereby certify that I attended the deceased from Feb 1, 1945 to 3/19/45, 19 ;
that I last saw her alive on 3/18/45, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes mallitus	16 yrs
Due to Diseased & damaged pancreas	unknown
Due to Calculi impacted in pancreatic duct	unknown
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Total obstruction of pancreatic duct due to calculus

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

23. Signature C W K 1176 (M. D. or other) M D
Address Hopkins Mo Date signed 3-20-45

1349

(Licensed Embalmer's Statement on Reverse Side)

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 myself, Registered Apprentice No. ..... working under my personal supervision.

Signed Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.