No. 2
I—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 7 1945

State File No. 23690

Registration District No. 37 Primary Registration District No. 4099 Registrar's No. 96

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Pleasant Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Cass 19
(c) City or town: Pleasant Hill 4
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Emma Rosetta Hemsley
3. (b) If veteran, name war:
3. (c) Social Security No.: no
4. Sex: Fe
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Unknown (Month) (Day) (Year)
8. AGE: Years 72 Months Days If less than one day ..... hr. ..... min.
9. Birthplace: Jefferson City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: at Home
11. Industry or business:
FATHER 12. Name: Lane
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Susie Williams
(b) Address: Pleasant Hill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 1, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill Cem.
18. (a) Signature of funeral director: Virgil Herrick
(b) Address: Pleasant Hill Mo.
19. (a) July 14, 1945 (Date received by local registrar) (b) Margaret Vella (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1945 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from June 29, 1945 to June 29, 1945 that I last saw her alive on June 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Accidental Burns / 4 hrs (Duration)
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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): 19
(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: E. A. Albers (M. D. or other) M. D.
Address: Pleasant Hill Mo. Date signed: 4-20-45

10 x 7 (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed: J. Virgil Herrick

Licensed Embalmer No. 3599

P. O. Address Pheasant Hill

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

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

S. No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug

Registration District No. 59 Primary Registration District No. 4099 Registrar's No. 96

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution:
(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 (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emma R. Hemsley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Unk (Month) (Day) (Year)

8. AGE: Years 72 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 29
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) accident

(b) Date of occurrence June 29-45

(c) Where did injury occur? Pleasant Hill MO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Town home (Specify type of place)

While at work? no (e) Means of injury Burn

23. Signature E. A. Albers (M. D. or other) MD

Address Pleasant Hill Date signed 8-14-45

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