S. No. 2
M—8-13
. 5-17-39
I X37823

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. 19932

Registration District No. FILED JUL 12 1946 Primary Registration District No. 4185 Registrar's No.

1. PLACE OF DEATH:
(a) County FRANKLIN
(b) City or town ST. CLAIR
(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 79 YRS

2. USUAL RESIDENCE OF DEASCEASED:
(a) State MO (b) County FRANKLIN
(c) City or town ST. CLAIR
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAHALA HEMKER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife FRANK HEMKER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC. (Month) 31 (Day) 1866 (Year)

8. AGE: Years 79 Months 5 Days 26 If less than one day hr. min.

9. Birthplace LONEDELL (City, town, or county) MO (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HOME
MOTHER FATHER
12. Name JOSHUA LEWIS
13. Birthplace LONEDELL (City, town, or county) MO (State or foreign country)
14. Maiden name DIANA LEWIS
15. Birthplace LONEDELL (City, town, or county) MO (State or foreign country)
16. (a) Informant MAGGIE MESTER
(b) Address LONEDELL, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 29 1946 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE
18. (a) Signature of funeral director Clay & Lemert
(b) Address ST. CLAIR, MO
19. (a) 6-26-1946 (Date received local registrar) (b) E. H. Worthington (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1946 hour minute 9 P.M.
21. I hereby certify that I attended the deceased from 6/10, 1946 to 6/26, 1946 that I last saw her alive on 6/26/46, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 0
23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 6/26/46

96 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 7-11-46

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 K. M. Lenox

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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, fact should be so stated above.