S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29448

State File No.

FILED OCT 7 1946

Registration District No. 2

Primary Registration District No. 5018

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: 1 3 (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 Kansas (b) County Doniphan

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

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

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME Emel James Kment

3. (b) If veteran, name war WAR I + II

3. (c) Social Security No. —

4. Sex m o

5. Color or race W

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

6. (b) Name of husband or wife —

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

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

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

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

10. Usual occupation un known

11. Industry or business

MOTHER FATHER

12. Name mathew Kment

13. Birthplace un known (City, town, or county) (State or foreign country)

14. Maiden name Marie Tresa Duben

15. Birthplace Bohemia (City, town, or county) (State or foreign country)

16. (a) Informant mr Frank Vopat

(b) Address Walbach neb

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-1946 (Month) (Day) (Year)

(c) Place: burial or cremation SAVANNAH MO

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah mo

19. (a) 9-16-46 (Date received local registrar) (b) Lillian Sparks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month found dead august 10-1946 day year 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.

Immediate cause of death Supposed killed by train the body was decomposed when found on railroad tracks

Due to below Amazonia Mo.

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) Supposed accident

(b) Date of occurrence unknown about 3 or 4 weeks ago

(c) Where did injury occur? Rail road track Andrew Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Killed on rail road track about [illegible] (Specify type of place)

While at work? (e) Means of injury

23. Signature P. R. Kelley coroner of Andrew Co (M. D. or other)

Address Savannah Mo Date signed 9-3-46

(Licensed Embalmer's Statement on Reverse Side)

JUN 12 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.