S. No. 2
OM—5-43
v. 5-17-39
D 1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5710.

State File No.

Registration District No. 274 Primary Registration District No. 5930 Registrar's No. 35

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Hughesville, Missouri
(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 Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Hughesville 0
(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) 0
If yes, name country

3. (a) PRINT FULL NAME Nannie Hemphill
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 George J. Hemphill
6. (c) Age of husband living or if alive, years 62
7. Birth date of deceased March (Month) 9 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
55	10	16	hr. min.

9. Birthplace Hughesville, Mo. (City, town, or county) Pettis County (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER 12. Name Giles H. Callis
13. Birthplace Tennessee (City, town, or county) / (State or foreign country)
MOTHER 14. Maiden name Mary Adams
15. Birthplace Cooper County, Missouri (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mr. George T. Hemphill
(b) Address Hughesville, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation High Point
18. (a) Signature of funeral director Duane Ewing
(b) Address Sedalia, Missouri
19. (a) 1/29/47 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1947 hour 2:20 minute P. M.
21. I hereby certify that I attended the deceased from October 1946 to Jan. 27 1947 that I last saw her alive on Jan 24 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Brights Disease — Duration
Due to
Due to
Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 13 B

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 J. W. Boger (M. D.)
Address Sedalia Mo. Date signed 1-29-47

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District Health Officer No.

District File Number

Date Filed 2-8-47

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.