

No. 2  
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S-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21818  
Registrar's No. 36

FILED JUN 19 1947

Registration District No. 213 Primary Registration District No. 5918

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Farrar Mo.  
(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 75-1-9 (Specify whether years, months or days)

In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Marie Hemmann

3. (b) If veteran, name war \_\_\_\_\_

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 Hugo Hemmann

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April 24 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Peter Stueve

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

14. Maiden name Margarete Crum

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

16. (a) Informant Hugo Hemmann

(b) Address Farrar Mo.

17. (a) Burial (b) Date thereof 6-6-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farrar Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perry Mo.

19. (a) 6-6-47 (b) Joe Zeltner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Farrar  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3  
year 1947 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from March 14 1946 to June 3rd 1947  
that I last saw her alive on June 2nd 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 7 years

Due to 10 years  
Atherosclerosis of Coronary Arteries 18 years

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

23. Signature Theodore Fischer M.D. (M.D. or other) \_\_\_\_\_

Address Altensburg, Mo Date signed 6-6-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4

District File Number 647-840

Date Filed: 6-18-47

AUG 12 1947

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 *Wallace Young*  
Licensed Embalmer No. *4027*  
P. O. Address *Perryville*

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.