

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 19 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31654

Registration District No. 162

Primary Registration District No. 5-3-9.5

Registrar's No. 27

1. PLACE OF DEATH:

(a) County JEFFERSON
 (b) City or town ROCK TOWNSHIP
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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 71 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON 50
 (c) City or town RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. NEAR BARNHART MO
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME ADOLPH L. HEMME

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex MALE 5. Color or race WHITE 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 APRIL 19 1876
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	4	22	hr. min.

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

10. Usual occupation MERCHANT

11. Industry or business MERCHANT

12. Name HENRY HEMME

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

14. Maiden name EMMA MC. CORMICK

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

16. (a) Informant ADOLPH HEMME JR

(b) Address BARNHART MO

17. (a) BURIAL (b) Date thereof SEPT 14 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURGESS CEMETERY

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK MO

19. (a) Sept 12 47 (b) Phil J. Kirk
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12th
 year 1947 hour — minute — M.

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

Immediate cause of death Hardick of Jerry
Causes: Insensibly
Due to: Heat Exhaustion

Other conditions (Include pregnancy within 3 months of death).....

Major findings:
 Of operations —
 Of autopsy —

Duration
 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)..... 50
 (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.....
 23. Signature H. B. Edwards (M. D. or other)
 Address Losder Hill Date signed 9/12/47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
SEP 18 1947
Date Filed

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 Elmer Heiligtag
Licensed Embalmer No. 3571
P. O. Address Hiramsvick 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.