FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4024

Registration District No. FILED MAR 1 1948

Primary Registration District No. 1000

Registrar's No. 234

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1625½ South 20th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 2 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Atchison 3
(c) City or town Tarkio 2
(If outside city or town limits, write "RURAL")
(d) Street No. Tarkio 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME William H. Kemerling
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Male 9
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife May
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 22, 1874
(Month) (Day) (Year)

8. AGE: ✓

Years	Months	Days	If less than one day
73	11	20	hr. min.

9. Birthplace New Castle, Pennsylvania 1
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Merchant
11. Industry or business
FATHER
12. Name Daniel Kemerling
13. Birthplace unknown unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Fannie Updegraph
15. Birthplace unknown unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Hardy L. Kemerling 1
(b) Address 1625½ So 20th St, St. Joseph, Mo.
17. (a) Burial (b) Date thereof 2-15-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Tarkio, Mo.
18. (a) Signature of funeral director Barry Funeral Home
(b) Address St. Joseph, Mo.
19. (a) Feb 25, 1948 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature) 2423

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12
year 1948 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from Feb 12, 1948, to Feb 12, 1948; ~~that I last saw h~~ ~~alive on~~ Dead on my arrival, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY OCCLUSION	30 MIN
Due to CORONARY SCLEROSIS	
Due to ARTERIO-SCLEROSIS	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94A

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Harry C. Alfred (M. D. or other) MD
Address 1302 Faraon Date signed 2/16/48
St. Joseph, Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Victor J Barry

Licensed Embalmer No. 42112

P. O. Address St Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.