No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9730

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name ~~of hospital or institution~~: 122 South 3 rd. St. /
(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: Mo. (b) County: Pike 82
(c) City or town: Louisiana 3
(If outside city or town limits, write "RURAL")
(d) Street No.: Planters Hotel Bldg. 1
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: no

3. (a) PRINT FULL NAME: Claude Custer Kemry
3. (b) If veteran, name war: World War # I
3. (c) Social Security No. 499-07-0745
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: February (Month) 13 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
54	0	20	hr. min.

9. Birthplace: Louisiana, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Brick Mason
11. Industry or business:
MOTHER FATHER
12. Name: J. W. Kemry 9
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name: Lydia May Givens
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs. Lydia May Massie
(b) Address: Louisiana, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Riverview Cem.
18. (a) Signature of funeral director: Haley Mortuary
(b) Address: Louisiana, Mo.
19. (a) 3/6/48 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1948 hour 3:15 PM. ~~minute~~ M.
21. I hereby certify that I attended the deceased from 3-3, 1948, to 3-3, 1948 that I last saw him alive on 3-3, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Artery Thrombosis	1 hr
~~Due to~~ Angina Pectoris	yrs.
~~Due to~~	

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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) 0
While at work? (e) Means of injury
23. Signature: Chas H Lewellen (M. D. ~~or other~~)
Address: Louisiana, Mo. Date signed 3-6-48

(Licensed Embalmer's Statement on Reverse Side)

MAY 5 1948

JAN 3 1948

APR 9 1948

RECEIVED
District Health Officer No. 10
District File Number 4-48-671
APR -7 1948
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 George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.