FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 28 1948

Registration District No. 2473

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5918

State File No. 23788

Registrar's No. 46

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 ..... (Specify whether years, months or days)
In this community 76-9-2

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Perry 79
(c) City or town: Farrar Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Hugo Hemmann
3. (b) If veteran, name war .....
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Maria Hemmann
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: September (Month) 18 (Day) 1871 (Year)

8. AGE: Years 76 Months 9 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business .....

MOTHER
12. Name: Julius Hemmann
13. Birthplace: Germany (City, town, or county) (State or foreign country)

FATHER
14. Maiden name: Christine Mueller
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Martin Mahnken
(b) Address: Farrar Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-23-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Farrar Mo.
18. (a) Signature of funeral director: Young & Sons
(b) Address: Perryville Mo.
19. (a) June 21 48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1948 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Coroner of Perry County, Mo. 19..... to Coroner of Perry County, Mo. 19..... ; that I last saw him alive on ..... 19..... ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	
Due to: Atherosclerosis	
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	

Major findings:
Of operations: [illegible]
Of autopsy:

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)
While at work? ..... (e) Means of injury .....

23. Signature: [illegible] (M.D. or other) DO
Address: Perryville, Date signed 6-20-48

Coroner of Perry County, Mo.

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

AUG 10 1949

MED

District Health Officer No. 4

District File Number 748-9

Date Filed 7-26-

MAR 29 1949

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 Edward L. Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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.