FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 23 1948
Registration District No. 2923

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6003

State File No. 27340
Registrar's No. 79

1. PLACE OF DEATH:
(a) County Ralls,
(b) City or town Rural (New London Township) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MXX Missouri Highway No. 61 (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 None.

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

3. (a) PRINT FULL NAME Myrtle Mae Semkin.
3. (b) If veteran, name war None
3. (c) Social Security No. None.
4. Sex Femal e
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leo Glenn Semkin
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased Sept. (Month) 3, (Day) 1925 (Year)

8. AGE: Years 22 | Months 11 | Days 10 | If less than one day hr. min.

9. Birthplace Mora, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business Home

FATHER
12. Name John Stuhner.
13. Birthplace Mora, (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Leota Simon
15. Birthplace Mora, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant John Stuhner.
(b) Address Mora, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-17, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia, Mo.
18. (a) Signature of funeral director Clyde Wilson
(b) Address Perry, Missouri.
19. (a) Aug 19 48 (Date received local registrar) (b) W. T. Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13, th, year 1948 hour 3:00 minute P. M.
21. I hereby certify that I attended the deceased from NO MEDICAL ATTENTION. 19...; that I last saw h... alive on ... 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Direct accident of Collision between Car driven by L. O. Calvert and Car driven by	
Due to: Leo Semkin	
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) accident.
(b) Date of occurrence Aug-13-1948
(c) Where did injury occur? U.S. Highway #61 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? U.S. Highway. (Specify type of place)
While at work? (e) Means of injury Collision.

23. Signature Clyde Wilson (M.D.) or Coroner
Address Perry, Mo. Date signed 8-19-48

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 1 1948

RECEIVED
District Health Officer No. 10
District File Number 8:48:1463
Date Filed AUG 21 1948

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 Clyde Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Iowa

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.