

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9659

State File No. _____

Registrar's No. 48

BIRTH NO. _____		REG. DIST. NO. <u>214</u>		PRIMARY REG. DIST. NO. <u>5788a</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>			2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Elizabeth</u>		c. LENGTH OF STAY (If in this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Elizabeth</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 16 1950</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u>		b. (Middle) <u>Andrew</u>	c. (Last) <u>Kemna</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 10, 1908</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Invalid</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Elizabeth, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Kemna</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Feisler</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>August Schanzmeyer, St. Elizabeth, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Congenital Sickle Cell Anemia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Several Years</u> <u>lifetime</u> <u>2865</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no blood in stomach</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 10/0</u> , to <u>Feb 16, 1950</u> , that I last saw the deceased alive on <u>Dec 1, 1949</u> , and that death occurred at <u>9:20 A m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>M. E. Humphreys, D.O.</u>		23b. ADDRESS <u>Columbia Mo.</u>		23c. DATE SIGNED <u>2-19-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/18/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Lawrence Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Elizabeth, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-24-1950</u>	REGISTRAR'S SIGNATURE <u>John S. Schaefer</u>		194 <u>194</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Dedges</u>	ADDRESS <u>Iberia, Mo.</u>

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

0661

0661

District File Number

District Health Officer No. 9

RECEIVED MAR 29 1950

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

Walter P. Hedges

Student Embalmer No.

working under my personal supervision.

Student Student Embalmer

Signed *Walter P. Hedges*

Licensed Embalmer No. 4265

P. O. Address. Iberia, Missouri

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.