

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2049**

FILED FEB 15 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **5920** Registrar's No. **9**

0790  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Perry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Rural Union</b>		c. LENGTH OF STAY (in this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Union</b>		<b>0790</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <b>0</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma</b> b. (Middle) <b>T.</b> c. (Last) <b>Hemmann</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 7 1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 28 1889</b>		9. AGE (In years last birthday) <b>61</b> IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Perry Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Edward Franke</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Eggers</b>		14. NAME OF HUSBAND OR WIFE <b>Gottfreid J. Hemmann</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edwin Hemmann Uniontown Mo.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>			DUPLICATE			<b>3 days</b>
ANTECEDENT CAUSES			DUPLICATE			<b>4 yrs</b>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUPLICATE			<b>1 year</b>
DUE TO (b) <b>Arterial Hypertension</b>			DUPLICATE			<b>3 1/2 yrs</b>
DUE TO (c) <b>Arteriosclerosis, Generalized</b>			DUPLICATE			<b>3 1/2 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			DUPLICATE			<b>3 1/2 yrs</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 **Jan 9 1947** to **Feb. 7 1951**, that I last saw the deceased alive on **Feb. 7 1951**, and that death occurred at **7:57 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Theodore Fischer M.D.</b>		23b. ADDRESS <b>Altamburg, Mo</b>		23c. DATE SIGNED <b>2/9/51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 11 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Uniontown Mo.</b>		
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DATE REC'D BY LOCAL REG. <b>Feb. 11 1951</b>	REGISTRAR'S SIGNATURE <b>Joe J. Zellman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Young &amp; Sons Perryville Mo</b>	ADDRESS	
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RECEIVED

FEB 14 1951

DISTRICT HEALTH OFFICE No. 6

Title No. ....

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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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Wallace Young*.....

Licensed Embalmer No. *4027*.....

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.