

FILED JUN 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20784**

BIRTH NO. _____ REG. DIST. NO. 214 PRIMARY REG. DIST. NO. 57782 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Elizabeth, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Elizabeth, Missouri	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Anna	b. (Middle) None	c. (Last) Kemna	June 4, 1951		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 11, 1855	9. AGE (In years last birthday) 95	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 23	IF UNDER 2 HRS. Hours 	IF UNDER 15 MIN. Minutes
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME John Heisler	13b. MOTHER'S MAIDEN NAME Mary Unknown	14. NAME OF HUSBAND OR WIFE Frank Kemna
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Cecilia Schensmayer	ADDRESS St. Eliz
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bedridden DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 525X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 1951 to June 4, 1951, that I last saw the deceased alive on May 24, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE M. E. Humphrey, D.O.	23b. ADDRESS St. Elizabeth, Mo	23c. DATE SIGNED 6-5-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 7, 1951	24c. NAME OF CEMETERY OR CREMATORY St. Lawrence	24d. LOCATION (City, town, or county) (State) St. Elizabeth, Mo.
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DATE REC'D BY LOCAL REG. June 7, 1951	REGISTRAR'S SIGNATURE John H. Schuster	25. FUNERAL DIRECTOR'S SIGNATURE Bill James Hedges	ADDRESS St. Elizabeth, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1560
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REGISTERED

JUN 12 1951

MILLER COUNTY HEALTH DEPARTMENT

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Jimmie J. Weyland Jr.

Licensed Embalmer No. 4512

P. O. Address Shelvia, 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.