

OCT 24 1952

STANDARD CERTIFICATE OF DEATH

State File No. 34616

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 127

0352

1. PLACE OF DEATH
 a. COUNTY Dunklin
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett
 c. LENGTH OF STAY (in this place) 10 days
 d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Co. Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri
 b. COUNTY Dunklin
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett
 d. STREET ADDRESS (If rural, give location) 317 N. Jackson

3. NAME OF DECEASED
 a. (First) George b. (Middle) Fleener c. (Last) Hemphill

4. DATE OF DEATH (Month) (Day) (Year)
Oct 7 52

5. SEX
M

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
9-28-1892

9. AGE (In years last birthday) 60
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 28 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Merchant; Ginner

10b. KIND OF BUSINESS OR INDUSTRY
Cotton Products

11. BIRTHPLACE (State or foreign country)
Missouri

12. CITIZEN OF WHAT COUNTRY?
U. S. A

13a. FATHER'S NAME
William A. Hemphill

13b. MOTHER'S MAIDEN NAME
Mary R. Fleener

14. NAME OF HUSBAND OR WIFE
Irene Baldwin Hemphill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
 (If yes, give war or dates of service) World I 3/9-18-

16. SOCIAL SECURITY NO.
412-098-280

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
W.R. Hemphill - Kennett, Mo

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) Coronary occlusion

ANTECEDENT CAUSES
 Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.

 DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
10 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4201

20. AUTOPSY?
 YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Sept., 1952, to 7 Oct., 1952, that I last saw the deceased alive on 7 Oct., 1952, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Joe A. Zimmerman M.D.

23b. ADDRESS
Kennett, Mo

23c. DATE SIGNED
9-OCT-1952

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
10-10-1952

24c. NAME OF CEMETERY OR CREMATORY
Oak Ridge

24d. LOCATION (City, town, or county) (State)
Kennett, Missouri

DATE REC'D BY LOCAL REG.
10-10-52

REGISTRAR'S SIGNATURE
Carl J. Hubbard

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Paul Baldwin - Kennett, Mo

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 10-11-52
COUNTY FILE NUMBER 1052-286

OCT 29 1952

JUL 15 1951

OCT 27 1952

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 *J. Salmon*

Signed
Student Embalmer

Licensed Embalmer No. 2556

P. O. Address Kennett, 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.