

0644
NOV 5 1952

BIRTH NO.		REG. DIST. NO. 209	PRIMARY REG. DIST. NO. 3043	Registrar's No. 341
1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where Deceased Lived. If Institution: residence before admission) a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal 0644		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 245 Magnolia		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital				
3. NAME OF DECEASED (Type or Print) Otto Joseph Hemmann		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) October 20, 1952				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 1, 1892	9. AGE (In years last birthday) Months Days Hours Min. 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent		10b. KIND OF BUSINESS OR INDUSTRY Hannibal Woodworking		11. BIRTHPLACE (City and State or Foreign Country) Altenburg Missouri
12. CITIZEN OF WHAT COUNTRY? U S A				
13a. FATHER'S NAME Benjamin Hemmann		13b. MOTHER'S MAIDEN NAME Emman Sackmann		14. NAME OF HUSBAND OR WIFE Lucy Ida Hemmann
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. 490 07 8079		17. INFORMANT'S SIGNATURE OR NAME Mrs. Otto J. Hemmann
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. INTERVAL BETWEEN ONSET AND DEATH 18 months
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) 4200
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 4-3-51 , 19___, to 10-20-52 , 19___, that I last saw the deceased alive on 10-20-52 , 19___, and that death occurred at 9:45 a. m. , from the causes and on the date stated above.				
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS M.D. 100 N. Sixth, Hannibal, Mo.		23c. DATE SIGNED 10-21-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-22-52		24c. NAME OF CEMETERY OR CREMATORY Grandview Burial Pk
24d. LOCATION (City, town, or county) (State) Near Hannibal, Mo				
DATE REC'D BY LOCAL REG. 10-30-52		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 3 1952
RECEIVED
MARION CO. HEALTH DEPT.
DATE FILED NOV 3 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John S. Stark

Licensed Embalmer No. 4540

P. O. Address Hannibal 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.