

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10949

State File No.

ED MAR 26 1953

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 1-3

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>	c. LENGTH OF STAY (in this place) <u>1 month</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u> <u>0821</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION -----		d. STREET ADDRESS (If rural, give location) <u>201 Washington</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ulysses</u>	b. (Middle) <u>grant</u>	c. (Last) <u>Kemry</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 17, 1953</u>
--	------------------------------	-----------------------------	---------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 25, 1871</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u>22</u> Min.
-----------------------	----------------------------------	--	--	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Pike Co., Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
---	---	---	--

13a. FATHER'S NAME <u>Samuel Kemry</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bigler</u>	14. NAME OF HUSBAND OR WIFE <u>Virgie Kemry</u>
---	--	--

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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harold Strange, Bowling Green, Mo.</u>	ADDRESS <u>Bowling Green, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Epidemic</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>yes</u>
			<u>yes</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4214</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)	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 1948 to 3-17, 1953, that I last saw the deceased alive on 3-15, 1953, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Mathews, nec.</u>	(Degree or title)	23b. ADDRESS <u>Bowling Green</u>	23c. DATE SIGNED <u>3-18-53</u>
---	-------------------	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3/20/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Louisiana, Missouri</u>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>3-19-53</u>	REGISTRAR'S SIGNATURE <u>Bill Robinson</u> <u>254</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sterne Funeral Home, Louisiana, Mo.</u>	ADDRESS
--	--	--	---------

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

929

SEP 2 1954

AUG 26 1954

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 Virginia M. Stern.....

Licensed Embalmer No. 4645.....

P. O. Address Louisiana, 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.