THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21582

State File No. 3042

FILED JUL 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3042

1. PLACE OF DEATH

a. COUNTY: JACKSON

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY

c. LENGTH OF STAY (In this place): 8 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NEUROLOGICAL HOSP. 27 & Paseo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: KANSAS

b. COUNTY: JEFFERSON

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PERRY

d. STREET ADDRESS (If rural, give location): RURAL

8150 8

3. NAME OF DECEASED (Type or Print)

a. (First): WILLIAM

b. (Middle): F. M.

c. (Last): HEMME

4. DATE OF DEATH (Month) (Day) (Year): JUNE 14, 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

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

8. DATE OF BIRTH: 9/12/1887

9. AGE (In years last birthday): 65 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: SELF

11. BIRTHPLACE (City and State or Foreign Country): NEWMAN, KANSAS

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

13a. FATHER'S NAME: UNKNOWN

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: ALICE HEMME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME: ALICE HEMME — ADDRESS: PERRY, KANSAS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock from 3rd Degree

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Burns Hands & arms

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: E 9177 41

19a. DATE OF OPERATION: o.k.

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident Hosp

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kans City Jackson Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6.13.53 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Held Hands in Hot water

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Hugh H. Owens, M.D. (Degree or title): Hugh H. Owens Coroner

23b. ADDRESS: 1034 Walton Bldg

23c. DATE SIGNED: 6.16.53

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

24b. DATE: June 15, 1953

24c. NAME OF CEMETERY OR CREMATORY: NEWMAN CEMETERY

24d. LOCATION (City, town, or county) (State): NEWMAN, KANSAS

DATE REC'D BY LOCAL REG.: 6-16-53

REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: BLACKMAN & SON INC. K.C. MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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 W. C. Rinne

Licensed Embalmer No. 4879

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.