

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27473**

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **73**

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

1. PLACE OF DEATH a. COUNTY LAFAYETTE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY RAY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEXINGTON		c. LENGTH OF STAY (in this place) 5 mo.	c. CITY OR TOWN HARDIN		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL			e. STREET ADDRESS (If rural, give location) EAST END 0890		
3. NAME OF DECEASED (First) JOHN		b. (Middle) _____	c. (Last) KEMMERER	4. DATE OF DEATH (Month) (Day) (Year) August 22, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH SEPT. 19, 1873	9. AGE (In years last birthday) 82	10 UNDER 1 YEAR OF UNDER 1 MRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. SECTION FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and State or Foreign Country) FREEDOM, INDIANA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ELIAS KEMMERER		13b. MOTHER'S MAIDEN NAME HENRIETTA PUTNAM	14. NAME OF HUSBAND OR WIFE MINNIE KEMMERER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME LUTHER E. KEMMERER		ADDRESS HARDIN 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, ashenia, 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		INTERVAL BETWEEN ONSET AND DEATH 5 hr.
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.		
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) m.		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 22 Aug , 19 56 , to _____, 19____, that I last saw the deceased alive on 22 Aug , 19 56 , and that death occurred at 12:30 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Joe W. Ward md			(Degree or title)	23b. ADDRESS Lexington, Mo	23c. DATE SIGNED 8-24-56
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 8-25-56	24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEM.	24d. LOCATION (City, town, or county) (State) CARROLLTON Mo.		
DATE REC'D BY LOCAL REG. 8-28-56		REGISTRAR'S SIGNATURE Wm. E. ...	25. FUNERAL DIRECTOR'S SIGNATURE August ...		ADDRESS Hardin, Mo.

SEP 5 1956

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.....
Signature of Student Embalmer

Signed.....
August Borchert

Licensed Embalmer No. *4678*

P. O. Address *Hardin, W.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.