

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40459  
STATE FILE NUMBER

Registration District No. 2 Primary Registration District No. 5014 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson Township</u>		c. CITY OR TOWN <u>St. Joseph</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>R# 3 St. Joseph, Mo.</u>		d. STREET ADDRESS <u>R#3.</u>	

3. NAME OF DECEASED (Type or print) Joseph Warren Kemerling  
First Middle Last  
4. DATE OF DEATH December 17, 1956.  
Month Day Year

5. SEX Male 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED   
WIDOWED  DIVORCED  8. DATE OF BIRTH March 29, 1870  
9. AGE (In years last birthday) 86 IF UNDER 1 YEAR: Months 00 Days 20 IF UNDER 24 HRS.: Hours 00 Min. 00

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer  
10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming  
11. BIRTHPLACE (City and state or country) New Castle, Penn.  
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Daniel H. Kemerling  
14. MOTHER'S MAIDEN NAME Jennie Hanna Updegraph

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. 491-10-2595  
17. INFORMANT John Kemerling R#3 St. Joseph, Mo.  
Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Cerebral hemorrhage  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic myocarditis  
DUE TO (c) arterial sclerosis  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  
19. WAS AUTOPSY PERFORMED? YES  NO   
4221  
INTERVAL BETWEEN ONSET AND DEATH Sudden

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  
20c. TIME OF INJURY Hour 8 Month 12 Day 17 Year 1956  
a. m. 30 p. m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  
20f. CITY, TOWN, OR LOCATION St. Joseph COUNTY Andrew STATE Mo.

21. I attended the deceased from 8/24/56 to 12/17/56 and last saw her alive on 12/10/56  
Death occurred at 5:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm Raymond H. Smith (Degree or title) 22b. ADDRESS 209-10 Kirkpatrick Bldg  
22c. DATE SIGNED 12-19-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 19, 1956.  
23c. NAME OF CEMETERY OR CREMATORY Home Cemetery 23d. LOCATION (City, town, or county) (State) Tarkio, Missouri.

24. FUNERAL DIRECTOR Meierhoffer-Fleeman, Inc. ADDRESS St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. 12-20-56  
26. REGISTRAR'S SIGNATURE Tullian Spark

(Licensed Embalmer's Statement on Reverse Side)

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56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.  
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

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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 *Lee J. [Signature]*

Licensed Embalmer No. 467

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.