

BUREAU OF THE CENSUS
FILED NOV 1 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 111

Primary Registration District No. 4183

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Pacific
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 16 years
In this community 16 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Pacific
(If outside city or town limits, write "RURAL")
(d) Street No. 1100
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country. --

3. (a) PRINT FULL NAME WILLIAM H. HEMKER

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mayme Henke r 6. (c) Age of husband or wife if alive 63yrs years
7. Birth date of deceased March, 13, 1881.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 24 ..hr. min.

9. Birthplace Londell Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Medical Doctor
11. Industry or business Private Practice

MOTHER FATHER { 12. Name George Hemker
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Cora Powers
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Noble Hemker
(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 10/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific, Mo.
18. (c) Signature of funeral director Geo. D. Shuebs

(b) Address Pacific, Mo.

19. (a) 10/9/46 (b) May B. Green
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7th
year 1946 hour 9 minute 5 A.M.

21. I hereby certify that I attended the deceased from Oct 30
1946 to Oct 6, 1946
that I last saw him alive on Oct 6th, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 7 days

Due to Atherosclerosis several years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94B
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature A. J. McRay (M. D. or other) J
Address Pacific, Mo. Date signed 10-9-46

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
~~Date Filed 10/31/56~~

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Geo. L. Shieles*
Licensed Embalmer No. *3008*
P. O. Address *Pacific 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!