

EL JUN 14 1943

State File No.

Registrar's No. 62

Registration District No. 98

Primary Registration District No. 5366

1. PLACE OF DEATH:

(a) County Davies  
(b) City or town Weatherby RR #1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Weatherby RR #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Davies  
(c) City or town Rural-Marion Twp  
(If outside city or town limits, write "RURAL")  
(d) Street No. Weatherby Mo. RR #1  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Carrie May Hemming

3. (b) If veteran, name war.

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Geo Hemming

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 8 1890

(Month)

(Day)

(Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>2</u>	<u>18</u>	hr. _____ min.

9. Birthplace

Davies Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

Housewife

12. Name

R. J. James

13. Birthplace

Mo  
(City, town, or county) (State or foreign country)

14. Maiden name

Mary Hemming

15. Birthplace

not known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant

Geo Hemming

(b) Address

Weatherby, Mo.

17. (a) Burial

(Burial, cremation, or removal) (b) Date thereof 5 21 43  
(Month) (Day) (Year)

(c) Place: burial or cremation

Muddy Cemetery

18. (a) Signature of funeral director

W. G. Somer

(b) Address

Pattonsburg, Mo.

19. (a) 5-20-1943

(Date received local registrar)

S. J. Dickerson  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20  
year 1943 hour 1:10 minute 4 . M.

21. I hereby certify that I attended the deceased from March 15<sup>th</sup>, 1943, to May 20, 1943  
that I last saw her alive on May 17, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of breasts (secondarily involved) due to stomach

Duration

18 mo.

Due to

Other conditions

(Include pregnancy within 3 months of death)

50

PHYSICIAN

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_

(Specify type of place)

Means of injury \_\_\_\_\_

23. Signature W. R. [unclear] (M.D. or other) DO.

Address Mayville Mo Date signed 5/29/43

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

MOTHER FATHER

31  
00  
0

**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 *E. S. Garner*

Licensed Embalmer No. 2887

P. O. Address *Pattersonburg 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.**