

No. 2
-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23238

State File No. _____
Registrar's No. 25

Registration District No. 112 Primary Registration District No. 5429

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural Lyon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether _____)
In this community Life time years, months or days

3. (a) PRINT FULL NAME August Remmert
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Feb. 26 1857
(Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 23
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Stephan Remmert

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Suzanna Gerding

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Amanda Sauer

(b) Address Leslie Mo

17. (a) Burial (b) Date thereof July 22 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beaufort Mo

18. (a) Signature of funeral director C. H. Lemme

(b) Address Beaufort Mo

19. (a) 7/25/46 (b) C. H. Lemme
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6 1946
year 1946 hour _____ minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan. 2 to July 19 1946
that I last saw him alive on July 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Pancreas
Due to _____

Other conditions 51 lb
(Include pregnancy within 3 months of death)

Major findings: Cancer Pancreas
Of operations _____
Of autopsy No Autopsy

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 C. H. Matthews (M. D. or other) _____
Address Beaufort Mo Date signed 7/25/46

Duration

10 hours

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

22094

Date Filed 8-5-76
District No. 8-46-43
Death Health Officer No. 9

RECEIVED

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 E. H. Semme, Registered Apprentice No. _____ working under my personal supervision.

Signed E. H. Semme

Licensed Embalmer No. 3076

P. O. Address Beaufort 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.