No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

33860

State File No.

Registration District No. 316

Primary Registration District No. 6074

Registrar's No. 347

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

14
0
0

1. PLACE OF DEATH:

(a) County ST. FRANCOIS

(b) City or town FRANKCLAY
(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 NONE (Specify whether
In this community 66 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. FRANCOIS 94

(c) City or town FRANKCLAY, MISSOURI 0
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME LESLIE ELMER SEMAR

3. (b) If veteran, name war NO.

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife OLLIE SEMAR

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased DEC. (Month) 11 (Day) 1882 (Year)

8. AGE: Years 65 | Months 10 | Days 26 | If less than one day — hr. — min.

9. Birthplace UNKNOWN (City, town, or county) MISSOURI 0 (State or foreign country)

10. Usual occupation TAVERN OWNER

11. Industry or business TAVERN

FATHER
12. Name EDWARD SEMAR
13. Birthplace UNKNOWN (City, town, or county) MISSOURI 0 (State or foreign country)

MOTHER
14. Maiden name MARY ELLEN RICHARD
15. Birthplace UNKNOWN (City, town, or county) MISSOURI 0 (State or foreign country)

16. (a) Informant MRS. OLLIE SEMAR

(b) Address FRANKCLAY, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/7/48 (Month) (Day) (Year)

(c) Place: burial or cremation ST. FRAMCOIS MEMORIAL PARK

18. (a) Signature of funeral director Bert L. Boyer

(b) Address LEADWOOD MISSOURI

19. (a) 11-6-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 4
year 48 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from July, 1946, to Nov 4, 1948
that I last saw him alive on Nov 4, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hodgkins disease	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)

Address Desbarge, Mo. Date signed 11-5-48

(Licensed Embalmer's Statement on Reverse Side)

Officer No. 4
Number 1148-138
11-8-48

VS FEB 29 1960

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 William E. Boyer, Registered Apprentice No. 229, working under my personal supervision.

Signed Bert L. Boyer

Licensed Embalmer No. 3443

P. O. Address Leadwood, 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.