

## OHIO DEPARTMENT OF HEALTH

30021

Reg. Dist. No. 2  
Primary Reg. Dist. No. 1118COLUMBUS  
CERTIFICATE OF DEATHState File No. \_\_\_\_\_  
Registrar's No. 1623

## 1. PLACE OF DEATH:

(a) County Cuyahoga  
(b) Cleveland  
(City, Village, Township)  
(c) Name of hospital or institution:  
17108 Milburn  
(If not in hospital or institution, write street No. or location)  
(d) Length of stay: in hospital or institution  
In this community 17 yr. (Days)  
(Years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Cuyahoga  
(c) City or village Cleveland  
(If outside city or village, write RURAL)  
(d) Street No. 17108 Milburn  
7236  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## 3. FULL NAME

(a) if veteran, \_\_\_\_\_ (b) Social Security  
name was James Daniel Bemis No. 09-49284. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
17 yr. alive \_\_\_\_\_ years7. Birth date of deceased Jan 4 1875  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
72 4 19 hr. min.9. Birthplace Farmington O.H.  
(City, town, or county) (State or foreign country)10. Usual occupation Business Manager11. Industry or business City Community Coll.12. Name of mother John, William and Bemis13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)16. (a) Informant's signature Darryl P. Bemis  
(b) Address 17108 Milburn Ave17. (a) Burial, cremation, or other \_\_\_\_\_ (b) Date 5-26-47  
(Month) (Day) (Year)(c) Cleveland Cemetery  
(d) Richard Schopf 5166A  
(Name of Embalmer) (Lic. No.)18. (a) Roy A Daniels 89  
(Signature of Funeral Director) (Lic. No.)  
(b) Address 15800 Cedarhurst19. (a) MAY 26 1947  
(Date received local registrar) (b) Isabelle Marotta  
(Registrar's signature)

## MEDICAL CERTIFICATION

20. Date of death: Month May day 23  
year 47 hour 11 minute 3021. I hereby certify that I attended the deceased from 1/23  
47, 1947, to 5/23, 1947that I last saw him alive on 5/22, 1947  
and that death occurred on the date and hour stated above.Immediate cause of death Cardiac failure 3 weeks  
DurationDue to Chronic myocarditis 1 yearDue to SenilityOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings of operation \_\_\_\_\_

Major findings 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 Village) (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) How did injury occur? \_\_\_\_\_

23. Signature L. E. Hansen M.D.  
(Specify if Doctor of Medicine or Osteopathy)Address 4218 Kody Ave S.  
Date signed 5/24/47MARGIN RESERVED FOR BINDING  
THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK