

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

26164

**1. PLACE OF DEATH**

County Franklin  
Township Boles  
City (No. ....) (St. ....) (Ward ..)

Registration District No. 293  
Primary Registration District No. 5411

File No. ....  
Registered No. ....

**2. FULL NAME** Emma M. Schlemper

(a) Residence, No. Pacific No. R. #1 St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Walter Schlemper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or ..... min.  
76      2      3

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home  
10. Date deceased last worked at this occupation (month and year) June 15, 1936 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER  
13. NAME Jobst Kreienkamp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER  
15. MAIDEN NAME Eleanora Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Walter Schlemper  
Pacific No. R. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific No. R. #1 DATE July 20, 1936

19. UNDERTAKER (ADDRESS) Schlemper Funeral Home  
Callaway, Mo.

20. FILED 7-19 1936 J. E. Gross  
B. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 4, 1930 to July 17, 1936

I last saw her alive on July 17, 1936 Death is said to have occurred on the date stated above, at 10:50 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis 3/4/30 Date of onset

Other contributory causes of importance: Intrestitial Nephritis 10/1935

Name of operation None Date of .....  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Cause of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....

(Signed) [Signature] M. D.  
(Address) Washington, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*M. J. ...*  
*M. J. ...*