REC'D JUL 22 1938

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

22384
Do not use this space.

1. PLACE OF DEATH
(a) County Madison — Registration District No. 538
(b) Township Central — Primary Registration District No. 6282 — Registered No. 59
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Murna Regina Kemp — 510
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-14-1938
7. AGE YEARS — MONTHS 5 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Missouri
FATHER
13. NAME Arley Kemp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Missouri
MOTHER
15. MAIDEN NAME Mary Stafford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dort Knox
17. INFORMANT (ADDRESS) Otto Kemp Zion Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Zion Mo. DATE 6/27 1938
19. FUNERAL DIRECTOR (ADDRESS) Ed. Hewett Fredericktown
20. FILED June 26 1938 S. C. Slaughter Local Registrar.
By E. D. Schumann

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1938
22. I HEREBY CERTIFY, That I attended deceased from unattended, 19....
I last saw h..... alive on ..... 19.... Death is said to have occurred on the date stated above, at 5:00 P.M.
The principal cause of death and related causes of importance were as follows:
Acute Dysentery — Date of onset June 2/12
Other contributory causes of importance:
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
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 .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) S. C. Slaughter, M. D.
(Address) Fredericktown Mo Register

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Ed. H. Webb, Licensed Embalmer No. 731

hereby certify that the body recorded on the reverse side of this certificate was ~~embalmed by~~

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Ed. H. Webb

Licensed Embalmer No. 731

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)