

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

**21703**  
Do not use this space.

**1. PLACE OF DEATH**  
 (a) County CALLAWAY 3 Registration District No. 104  
 (b) Township FULTON 1 Primary Registration District No. 3008  
 (c) City FULTON (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** 510 HENRY Newton KEMP  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

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

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** HELEN UNDERWOOD

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** MAR. 19, 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>50</u>	<u>2</u>	<u>27</u>	

**OCCUPATION**  
**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** PAINTER  
**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)** JUN. 14, 1939 **11. Total time (years) spent in this occupation.** 25

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** MONTGOMERY City MISSOURI

**FATHER**  
**13. NAME** Anthony Newton Kemp  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** CALLAWAY County MISSOURI

**MOTHER**  
**15. MAIDEN NAME** Susan Robinson  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** MONTGOMERY City MISSOURI

**17. INFORMANT (ADDRESS)** MRS. ED. MACKEN AUXVASSE, MISSOURI

**18. BURIAL, CREMATION, OR REMOVAL PLACE** AUXVASSE **DATE** JUNE 18, 1939

**19. FUNERAL DIRECTOR (NAME) (ADDRESS)** Glen Y. Manspin 700 Court St Fulton, Mo.

**20. FILED** June 16, 1939 R. T. Crews Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 6-16, 1939

**22. I HEREBY CERTIFY, That I attended deceased from** June 14, 1939, to June 16, 1939  
 I last saw him alive on June 16, 1939. Death is said to have occurred on the date stated above, at 6:30.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia, Edema, p  
186  
11  
 Date of onset 6-16-39

Other contributory causes of importance:  
Compensated heart failure, hypertension, uric acidemia, diabetes, 2 functional kidneys.

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-ray Was there an autopsy? No.

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? Accident Date of Injury 6-14, 1939  
 Where did injury occur? Fulton Callaway Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Industry

Manner of injury Exp. 300-57 Dm. lamp  
 Nature of injury Multiple F. fractures

**24. Was disease or injury in any way related to occupation of deceased?** Yes  
 If so, specify Painter, Wash. Wash. Wash.  
 (Signed) Mrs. Robinson, M. D.  
 (Address) Fulton, 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.

**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.....

*John D. Batchelder*....., Registered Apprentice No. *192*  
working under my personal supervision.

Signed.....

*Glen Y. Mauhin*

Licensed Embalmer No. *2725*

P. O. Address *Fulton, 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, above space should be left blank.**