

AUG 14 1939

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

25547  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 1104  
(b) Township \_\_\_\_\_ Primary Registration District No. 4554 Registered No. 11  
(c) City Gerald, Missouri (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 Ceselia Margaret Kempke

(a) Residence, No. Gerald, Missouri 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Fred Kempke  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 24, 1888  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
#7 51 6 3

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. Housewife  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

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

FATHER  
13. NAME Fred Stork  
14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME Wilhelmina Pohlmann  
16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

17. INFORMANT Fred Kempke  
(ADDRESS) Gerald Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Paul Ev. Cem DATE July 30, 39

19. FUNERAL DIRECTOR (NAME) E. L. Oltmann  
(ADDRESS) Gerald, Missouri

20. FILED 7/28 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1939  
2. I HEREBY CERTIFY, that I attended deceased from July 11 to July 27, 1939  
I last saw her alive on July 27, 1939 Death is said to have occurred on the date stated above, at 3:30 pm.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of sigmoid

Other contributory causes of importance: 46

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_ (Signed) J. Matthews, M. D.  
\_\_\_\_\_  
(Address) Beaufort, 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.

Local Registrar  
(Transfer Embalmers' Statement on Reverse Side)

AUG 23 1944

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 ~~E. L. Ottmann~~

E. L. Ottmann, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed E. L. Ottmann

Licensed Embalmer No. 4054

P. O. Address Serald, Miss

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.