

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

35659
Do not use this space.

1. PLACE OF DEATH
 (a) County CALLAWAY 2 Registration District No. 104
 (b) Township FULTON 1 Primary Registration District No. 3008 Registered No. 288
 (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 DORA ELIZABETH 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR WIFE OF T. H. KEMP

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 26, 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>67</u>	<u>10</u>	<u>25</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper

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) BOONE COUNTY MISSOURI

FATHER

13. NAME JAMES BURCH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BOONE COUNTY MISSOURI

MOTHER

15. MAIDEN NAME Sakkie DAVIS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CALLAWAY Co. MISSOURI

17. INFORMANT (ADDRESS) T. H. KEMP Tenberts, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE Middle River DATE Oct. 18, 1939

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

20. FILED Oct 18, 1939 R. N. Crewe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/17 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/14, 1939, to 10/17, 1939
 I last saw him alive on 10/17, 1939. Death is said to have occurred on the date stated above, at 1:20 p.m.
 The principal cause of death and related causes of importance were as follows:
acute appendicitis incl generalized peritonitis
 Date of onset 9/30/39

Other contributory causes of importance:
chr. nephritis
chr. myocarditis

Name of operation lapotomy with drainage Date of 10/16/39
 What test confirmed diagnosis? operative 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) Henry Dunsen, M. D.
 (Address) 610 Court St. Fulton, Mo

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. Marpin
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.