

94

FILED MAY 1940

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

15967  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois 3 Registration District No. 773  
(b) Township St. Francois D Primary Registration District No. 6018A Registered No. 81  
(c) City Near Farmington (d) Street No. State Hospital No. 4 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 Elmora Elizabeth Kemp

(a) Residence, No. Zion, Mo. 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 G. E. Kemp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 0 10

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

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) Fredericktown  
(STATE OR COUNTRY) Missouri O

FATHER 13. NAME Wm. B. Anthony G

14. BIRTHPLACE (CITY OR TOWN) Fredericktown  
(STATE OR COUNTRY) Missouri O

MOTHER 15. MAIDEN NAME Nancy Green

16. BIRTHPLACE (CITY OR TOWN) Fredericktown  
(STATE OR COUNTRY) Missouri

17. INFORMANT Records of State Hospt. #4  
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Pisgah Cemetery DAY Apr. 1 1940  
Madison Co. Mo.

19. FUNERAL DIRECTOR (NAME) Webb Undertaking Co.  
(ADDRESS) Ed. H. Webb, Fredericktown, Mo.

20. FILED April 6 1940 T. S. Robinson  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-5, 1936 to 3-30, 1940

I last saw her alive on 3-30, 1940 Death is said to have occurred on the date stated above, at 6:45pm.

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

Cerebral Hemorrhage, right  
Arteriosclerosis, generalized, smudged

Date of onset 3/12/40

Other contributory causes of importance: Psychosis with Cerebral Arteriosclerosis Nov 15, 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                       
Nature of injury                     

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

(Signed) C. C. Ault, M. D.  
(Address) Farmington, 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.

WHILE PLAINLY, WITH OBTAINING THIS IS A PERMANENT RECORD

---

---

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, .....

*Myron A. LaRue*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Myron A. LaRue*

Licensed Embalmer No. *4025*

P. O. Address *Federicktown 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.**