

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32948**

Registration District **23**

Primary Registration District No. **3036**

Registrar's No. **155**

1. PLACE OF DEATH:

(a) County **St. Charles**
(b) City or town **St. Charles**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
618 N. Kingshighway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**
(c) City or town **St. Charles**
(If outside city or town limits, write "RURAL")
(d) Street No. **618 N. Kingshighway**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **Rear Frances Kemp**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **November 30 1904**
(Month) (Day) (Year)

8. AGE: Years **35** Months **8** Days **28** If less than one day hr. _____ min. _____

9. Birthplace **High Hill Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____
12. Name **Robert Kemp**
13. Birthplace **Mo. Kettick Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Viola Johnson**
15. Birthplace **High Hill Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert Kemp**
(b) Address **1610 Washington St. St. Charles Mo.**
17. (a) **Burial** (b) Date thereof **Sept. 1 - 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Ludden Island Cem. Mo. Kettick Mo.**

18. (a) Signature of funeral director **H. C. Hallmyer & Sons Co.**
(b) Address **800 N. Second, St. Charles Mo.**
19. (a) **9/11/40** (b) **Clarence G. Vessler**
(Date received local registrar) (Registrar's signature)

679 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **28**
year **1940** hour **1:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **Held Inquest Aug. 29, 1940**, 19____
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
**Gun Shot wound of the heart
fired from .32 20 calibre pistol**

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **External physical exam**
Of operations **by B. L. Neubeiser, M.D.**
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Homicide**
(b) Date of occurrence **Aug. 28, 1940**
(c) Where did injury occur? **St. Charles, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home.

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **John Duse**
Address **St. Charles, Co., Mo.** Date signed **8/29/40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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, or by _____

Joseph Landholt, Registered Apprentice No. 243
working under my personal supervision.

Signed John E. Ballmeyer
Licensed Embalmer No. 2951

P. O. Address _____

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.