

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38961**

14 1940
Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Crystal City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home - 106 Jefferson Ave X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3.9 years (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson
(c) City or town Crystal City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME COULTAS W. KEMP

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-03-8332

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1940 hour 7 minute 15 A.M. X
21. I hereby certify that I attended the deceased from July 31
1941 to Nov 8 1941;
that I last saw him alive on Nov 8 1941;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Stella Aubuchon Kemp 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 11 1886
(Month) (Day) (Year)

Immediate cause of death Carcinoma pancreas Duration 6 months
Due to _____
Due to 4/6
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
54 8 27 hr. min.

Major findings: Carcinoma pancreas, inoperable, involving common bile duct
Of operations _____
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace England (City, town, or county) (State or foreign country)
10. Usual occupation mostly mechanic
11. Industry or business Plate glass factory
12. Name William Kemp
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name Emily Carpenter
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Coultras W. Kemp, Jr.
(b) Address Crystal City, Mo
17. (a) Burial (b) Date thereof Nov. 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fates, Mo

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

18. (a) Signature of funeral director Fates, Mo
(b) Address Fates, Mo
19. (a) Nov 10, 1940 (b) J. C. Rutledge M.D.
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature John F. Rutledge (M. D. on MD)
Address Crystal City, Mo Date signed 4-10-41

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

Signed..... *H. W. Myard*
Licensed Embalmer No..... *3010*
P. O. Address..... *Festus 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, fact should be so stated above.

DEC 11 1940

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

38961
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421
 (b) Township Forest Primary Registration District No. 5575
 (c) City Crystal City (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U.S., if of foreign birth? 49 yrs. mos. ds.

2. PRINT FULL NAME

COULTAS W. KEMP
 (a) Residence, No. _____ Crystall City Mo., St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Stella Aubuchon (or WIFE OF)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-11-1886
 7. AGE YEARS 54 MONTHS 8 DAYS 27 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Master
 9. Industry or business in which work was done, as saw mill, bank, etc. Myself
 10. Date deceased last worked at this occupation (month and year) Aug 16
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Coultras Kemp Jr. Crystal City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jesus Mo DATE 11-10-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Quester & Vinyard Forest Mo

20. FILED Nov 10 1940 J. E. Ruhl Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 1940, to Nov. 8, 1940
 I last saw h. _____ alive on Nov. 8, 1940. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

_____ a disease

Other contributory causes of importance: _____

Name of operation exploratory Date of Sept 28, 1940

What test confirmed diagnosis? as the history Was there an autopsy? _____

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) John F. Redledge M. D.
 (Address) Crystal City, Mo

Date of onset
unknown
Probably
March 1940

Prostate
Prostate

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.

S-38961 - 1940

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, _____

H. W. Wenzel

_____, or by _____

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

Signed _____

H. W. Wenzel

Licensed Embalmer No. 3010

P. O. Address Festus, 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.