No. 2
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FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41852

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 1295

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None died in Ambulance (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether 3
In this community 8 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 6201 Grant St., (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Orlando Kempt
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased May (Month) 25 (Day) 1868 (Year)

8. AGE: Years 72 | Months 6 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace McLouth, (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation Laborer 1
11. Industry or business Odd Jobs 1
FATHER
12. Name John Kempt
13. Birthplace Louisville, Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Marandia Laster
15. Birthplace Un. (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Mrs Ida Kempt Wife
(b) Address 6201 Grant St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Graham, Missouri
18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Pryor Ave.
19. (a) 12-13-1940 (Date received local registrar) (b) H. J. Westbrush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day Dec. year 1940 hour 1:15 minute P M.
21. I hereby certify that I ~~attended~~ VIEWED the deceased from Dec 11, 1940, to ....., 19....; that I last saw h ~~alive on~~ ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Internal injuries with internal hemorrhage. — Duration

Due to A tree man sawed off fell on his abdomen.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

194 B 11

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) Accident
(b) Date of occurrence Dec 10-1940
(c) Where did injury occur? St Joseph (City or town) Buch. (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In public place sidewalk of street (Specify type of place)
85 While at work? yes (e) Means of injury tree fell on man 5
23. Signature H F Mundy (M. D. Coroner)
Address 404 So 3d St ST JOSEPH Date signed 12/11/40

(Licensed Embalmer's Statement on Reverse Side)

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

Myself, Registered Apprentice No.

working under my personal supervision.

Signed Albert R. Harrington

Licensed Embalmer No. 3258

P. O. Address 1802 Union St.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.