

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural - Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural "Washington Twp."
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME MARIA V. KEMPER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female race white 5. Color or race white 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 July 19 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Jackson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name James Harvey Kemper

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Berilla Bryant

15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Kemper

(b) Address Hickman Mills, Mo.

17. (a) Burial (b) Date thereof Jan 26, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem. Clid, Mo.

18. (a) Signature of funeral director E. T. George Saus
(b) Address Burdett, Mo.

19. (a) 2-3-41 (b) Mrs. J. Brennan
(Date received local registrar) (Registrar's signature)

1941 MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 24
year 41 hour 30 minute 0 A. M.

21. I hereby certify that I attended the deceased from Jan 23
23, 1941, to _____, 19____;
that I last saw her alive on Jan 23, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death arterial Sclerotic heart disease

Due to _____

Due to _____

Other conditions acute influenza
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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? 366

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Robert M. Myers M. D. or other _____

Address 1025 State St. St. Louis Date signed 1-25-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *A. K. George*

Licensed Embalmer No. *3646-*

P. O. Address *Grandview, Md*

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.