

MAR 17 1941
Registration District No. 97

Primary Registration District No. 3016

Registrar's No. 14

36
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3000 Veterans St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Friedrike Dorothea Sophie Kempe

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fritz Kemper

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased September 7 1956
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>4</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Ina Kempe

(b) Address Herald Missouri

17. (a) Burial (b) Date thereof Feb 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ignace Grange

18. (a) Signature of funeral director E. R. Oldenburger

(b) Address Herald Missouri

19. (a) Feb. 1-1941 (b) H. D. May
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Herald Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30
year 1941 hour 4 minute 0 A. M.

21. I hereby certify that I attended the deceased from Jan 29, 1941, to Jan 30, 1941; that I last saw her alive on Jan 29, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chronic

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature Charles G. May M.D.
Address 211 1/2 W. Washington Mo Date signed 2-1-41

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 Ernest L. Ottmann

Licensed Embalmer No. 4054

P. O. Address Gerald J. Wiss

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.