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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10519

Registration District No. 250 — Primary Registration District No. 4150 — Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Gallatin (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 30 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

(c) City or town Gallatin (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.? 0 years.

3. (a) PRINT FULL NAME Laura Lee Kemp

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John H. Kemp

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

7. Birth date of deceased July (Month) 14 (Day) 1858 (Year)

8. AGE: Years 82 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Monroe County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business Own Home

FATHER
12. Name Burges Haines
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Elizabeth Evans
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Harry McClure

(b) Address Gallatin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Grand River Cemetery

18. (a) Signature of funeral director Hope Furn. & Und. Co.

(b) Address Gallatin, Missouri

19. (a) 3/11/1941 (Date received local registrar) (b) H. G. Hope (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1941 hour 7 minute 00 P M.

21. I hereby certify that I attended the deceased from December 23, 1938 to March 3, 1941; that I last saw her alive on March 3, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	instan.
Due to Auricular Fibrillation	4 yrs.
Coronary Heart Disease	
Due to Hyperlipemia	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edward Quixar (M. D. or other) M.D.

Address Gallatin Mo Date signed 3/11/41

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin. 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.