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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15193

Registration District No. 668 Primary Registration District No. 5887 Registrar's No. 455

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia Ward 2

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

(c) Name of hospital or institution: Highcastle Route 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community 92 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town ~~Sedalia~~ Highcastle F 0

(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. 1 0

(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Sarah Sally Harris Kemp

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~~ W

6. (b) Name of husband or wife Robert Jordan Kemp.

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

7. Birth date of deceased Oct. (Month) 25 (Day) 1848 (Year)

8. AGE: Years 92 Months 5 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Pettis County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business .....

FATHER

12. Name Charles Rutherford Hieronymus

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

MOTHER

14. Maiden name Susan Frances

15. Birthplace Pettis County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Charles Kemp

(b) Address Highcastle Route 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/41 (Month) (Day) (Year)

(c) Place: burial or cremation Longwood

18. (a) Signature of funeral director J. M. Laughlin Bros

(b) Address Sedalia Mo

19. (a) 4/26/41 (Date received by registrar) (b) Wm Harry Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd year 1941 hour 9 o'C minute F. M.

21. I hereby certify that I attended the deceased from February 26 1937 to April 23 1941 that I last saw he alive on April 18 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular renal syndrome — Duration 4 mo

Due to Arteriosclerosis — Duration 8 yrs

Due to Senile changes Kundrey

Other conditions (Include pregnancy within 3 months of death) ✓

Major findings: Of operations No operation

Of autopsy No 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) No accident

(b) Date of occurrence No accident

(c) Where did injury occur? No injury (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No injury

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

23. Signature O. B. Fraley M.D. (M. D. or other)

Address Sedalia Mo Date signed 4/26/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 5-19-41
Date Filed

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.