

FILED JUN 18 1941

STANDARD CERTIFICATE OF DEATH

State File No. 18077

Registration District No. 404

Primary Registration District No. 5558

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Washington Mo.
(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
In this community 75 years
years, months or days

3. (a) PRINT FULL NAME Emma Ann Kemper

3. (b) If veteran, name war. (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 John Henry Kemper 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 20 1847
(Month) (Day) (Year)

8. AGE: Years 93 Months 5 Days 21 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name George S. Hedges
13. Birthplace Ky. 1
(City, town, or county) (State or foreign country)
14. Maiden name Guntakle
15. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Kemper
(b) Address Hickman Mills, Mo.

17. (a) Burial (b) Date thereof May 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director G. T. George & Sons
(b) Address Seabrook, Mo.

19. (a) 5-26-41 (b) Mrs. J. Brennan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Russel - Washington Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. N.E. Hickman Mills
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 1-15-41
to 19 to 19

that I last saw her alive on 5-10-41
and that death occurred on the date and hour stated above.

Immediate cause of death: 1st. arterio-sclerosis
2nd. degenerative heart disease
Due to 93

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

Major findings: Of operations

Of autopsy

Duration

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?

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

23. Signature Robert M. Myers (M. D. or other) M.D.
Address 1025 Quetta Bldg Date signed 5-13-41

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

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. *3645*

P. O. Address *Grandview, 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.