

FILED AUG 18 1941

Registration District No. **533**

Primary Registration District No. **3027**

Registrar's No. **53**

51
3
2

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

1. PLACE OF DEATH:

(a) County Macou
(b) City or town macou
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Kenally Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
40 yrs. 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby
(c) City or town Clarence mo
(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.

3. (a) PRINT FULL NAME Lee Kemp

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward Kemp 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug 31 (Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 15 If less than one day 9 am hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name William Hawkins
13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Ann Bailey
15. Birthplace Macou Mo (City, town, or county) (State or foreign country)

16. (a) Informant Edward Kemp
(b) Address Clarence mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17-41 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Wood

18. (a) Signature of funeral director William P. Brinkman
(b) Address Clarence mo

19. (a) 7/22/41 (Date received local registrar) (b) Seaton Newton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1941 hour 9 minute 0 M.

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

Immediate cause of death Acute Periton Duration 3 hrs

Due to Occlusion of coronary artery

Due to 941A

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

Duration
3 hrs
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?

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

23. Signature JK Key (M. D. or other) _____
Address Clarence mo Date signed 7-26-41

RECEIVED

District Health Officer No. 10

District File Number 8-41-1475

Date Filed AUG 13 1941

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

Henry A. Barklee

Licensed Embalmer No.

3835

P. O. Address

Shelburne, 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.