

S. No. 2
4-12-40
5-17-39
X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35481**

FILED NOV 14 1941

Registration District No. **538**

Primary Registration District No. **3028**

Registrar's No. **67**

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

1. PLACE OF DEATH:
 (a) County Madison
 (b) City or town Fredericktown, Mo.
 (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 _____
 In this community always 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME EDGAR KEMP
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Elizabeth Holcomb Kemp
 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased April 18 1881
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 20 hr. min.

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

10. Usual occupation Hotel Porter

11. Industry or business _____

MOTHER FATHER
 12. Name Thomas Kemp
 13. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Catherine Whiteside
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Aline Davis
 (b) Address Fredericktown, Mo.

17. (a) Burial (b) Date thereof 10-12-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Stanley H. Dixon
 (b) Address Fredericktown, Mo.

19. (a) Oct 11-1941 (b) S. C. S. Co. Registrar
 (Date received local registrar) (Name of Registrar)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Madison
 (c) City or town Fredericktown, 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.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 8th
 year 1941 hour 4 minute 15 P.M.
 21. I hereby certify that I attended the deceased from September 20th, 1941, to Oct 8, 1941;
 that I last saw him alive on October 8th, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
 Duration undetermined

Due to _____
 Due to _____

Other conditions 1381
 (Include pregnancy within 3 months of death)

Major findings: 1381
 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?

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

23. Signature Dr. Keith L. Hull (M. D. or other) D.O.
 Address Fredericktown, Mo. Date signed 10-10-41

481 (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

Stanley H. Dixon

Licensed Embalmer No. *4193*

P. O. Address *Fredericktown, 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, fact should be so stated above.