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DEC 12 1941 96
Registration District No.

3038
Primary Registration District No.

State File No.
Registrar's No. 166

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(c) Name of hospital ~~Hopkinton Hospital~~
(d) Length of stay: In hospital ~~institution~~ at his life
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline's
(c) City or town Marshall
(d) Street No. Mo
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Robert Lee Kempfer

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

4. Sex male 5. Color or race white 6. (a) single, married, never married

6. (b) Name of ~~deceased's~~ wife None 6. (c) Age 8-4-83 wife if alive

7. Birth date of deceased. Nov 8-4-83
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 29 If less than one day ✓ hr. ✓ min.

9. Birthplace Saline Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation WPA - Foreman

11. Industry or business Kempfer

12. Name Kempfer

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

14. Maiden name Saline

15. Birthplace Saline Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Kempfer

(b) Address State Mo #1

17. (a) burial (b) Date thereof 11-9-41
(Burial, ~~cremation~~) (Month) (Day) (Year)

(c) Place: burial Marshall Mo

18. (a) Signature of funeral director John A. Taylor

(b) Address State Mo #1

19. (a) 11-8-41 (Date received local registrar) Dep. M. A. Kent (Registrar's signature)

712 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 7 year 1941 hour 3 minute 10 PM

21. I hereby certify that I attended the deceased from field
inquest, Nov 7 to his home, 1941
that I last saw h ✓ alive on ✓, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide
Pistol wound just
Due to above right ear

Due to _____
Other conditions 164C
(Include pregnancy within 3 months of death)

Major findings: 164C
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) Suicide
(b) Date of occurrence Nov. 6, 1941 died 11-7-41
(c) Where did injury occur? at his home
(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 Pistol
Signature C. L. Lawless (M. D. Coroner)
Address Marshall Mo Date signed 11-7-41

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

7
12

RECEIVED
District Health Officer No. 8,
File Number
12-10-41

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 Joe E. Jones
Licensed Embalmer No. 3143
P. O. Address Slater, N.C.

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.