

FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10165

State File No. _____

Registrar's No. 27

Registration District No. 73

Primary Registration District No. 3006-5118

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

1. PLACE OF DEATH:

(a) County **BOONE**
(b) City or town **COLUMBIA**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **HALLSVILLE ROUTE *Stages Hosp.***
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **LIFE** **0** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **BOONE** **010**
(c) City or town **HALLSVILLE R. 2**
(If outside city or town limits, write "RURAL")
(d) Street No. **RURAL**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **XX** **1**

3. (a) PRINT FULL NAME **THOMAS KEMPER**

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

4. Sex **MALE** **0** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife **SINGLE** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 6th 1867**
(Month) (Day) (Year)

8. AGE: Years **74** Months **9** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace **BOONE COUNTY** **0** **MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**
FARMER

11. Industry or business _____

12. Name **TILMAN KEMPER**
13. Birthplace **BOONE CO** **0** **MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **SALLIE BRATTON**
15. Birthplace **BOONE CO** **0** **MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **N.V. STONE**
(b) Address **COLUMBIA**

17. (a) **BURIAL** (b) Date thereof **MARCH 28-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **COLUMBIA CEMETARY**

18. (a) Signature of funeral director ***S.O. Hallett***
(b) Address **COLUMBIA**

19. (a) **3-28-42** (b) ***Edna H. Barber***
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **26th**
year **1942** hour **8** minute **A.** M.

21. I hereby certify that I attended the deceased from **Aug 13, 1941** to **March 26, 1942**
that I last saw him alive on **March 25, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death
Nephritis, Chronic
Arteriosclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) **131 lb**

Major findings:
Of operations _____

Of autopsy **X/O**

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 _____

23. Signature ***Edna H. Barber*** (M. D. or other) **0**
Address ***417 N. 1st St. Columbia, Mo.*** Date signed ***3/26/42***

Duration

yr. 8
yr. 1

PHYSICIAN

Underline the cause to which death should be charged statistically.

1750

(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, ~~on~~ 3/6/1944

....., Registered Apprentice No.
working under my personal supervision.

Signed Lyman W. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.