SEP 21 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

68 / 1

Do not use this space: 30898

1. PLACE OF DEATH
(a) County Moniteau Registration District No. 224
(b) Township Primary Registration District No. 3046 / 1 Registered No. 45
(c) City or Place California (d) Street No. / St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Ernest Kemp
(a) Residence, No. St. 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1938
7. AGE: Years 4 Months 1 Days 15 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton Missouri

FATHER
13. NAME John Ernest Kemp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Mo.

MOTHER
15. MAIDEN NAME Edna M. Lammers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Mo.

17. INFORMANT (ADDRESS) John Ernest Kemp Tipton Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Tipton Mo. DATE 8/22/ 1942
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jessee E. Richards Tipton Mo.
20. FILED Aug 22 1942 Mrs. James Roth Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to August 22 , 1942
I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at 9:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Death due to ether anesthesia during operation	8-22-42

Other contributory causes of importance:

1954
79

Name of operation Tonsillectomy Date of 8-22-42
What test confirmed diagnosis? ? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury , 19
Where did injury occur? California, Mo. O.K.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Office of Dr. K. J. O'Banion
Manner of injury Ether Anesthesia
Nature of injury Respiratory failure
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Kenyon Latham Coroner, M. D.
(Address) California, Mo.

510

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ Will embalmed by me, or by me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Jennee E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

2B
M—8-. 1-41
X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30898

Registration District No. 224 Primary Registration District No. 304 Registrar's No. 45

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

1. PLACE OF DEATH:
(a) County: Montcalm
(b) City or town: California
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John E. Kempf
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: July (Month) 1 (Day) 1941 (Year)
8. AGE: Years 4 Months 1 Days (If less than one day) hr. min.

SUPPLEMENTARY

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August Day 22 year 1942 hour 9:30 A.M.
21. I hereby certify that I attended the deceased from dead when first seen, 19, 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: death due to ether anesthesia during tonsillectomy

Due to

Due to

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) accident
(b) Date of occurrence Aug. 22, 1942
(c) Where did injury occur? California (City or town) Montcalm (County) Mo (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? Office of Dr. K.J. O'Banion, California, Mo (Specify type of place)
While at work? No (c) Means of injury Ether anesthesia
23. Signature Kenyon Latham Coroner (M. D. or other)
Address California, Mo Date signed 10-22-42

1954
49