

Registration District No. 218

Primary Registration District No. 4144

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Pilot Grove, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 16 yrs
years, months or days)

3. (a) PRINT FULL NAME IMAGENE-MARIE-KEMPF

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

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years

7. Birth date of deceased Oct-24-1925
(Month) (Day) (Year)

8. AGE: 16 years 11 Months 4 Days ✓ If less than one day ✓ hr ✓ min.

9. Birthplace Pilot Grove, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation School

11. Industry or business same

12. Name Hubert Kempf

13. Birthplace Pilot Grove, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Emma Meyer

15. Birthplace Pilot Grove, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Hubert Kempf

(b) Address Pilot Grove, Mo

17. (a) (b) Date thereof 1-47
(Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove, Mo

18. (a) Signature of funeral director Jays & Gantner

(b) Address Pilot Grove, Mo

19. (a) Sept 30-47 (b) Dr Chas. Swap
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Pilot Grove
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1947 hour 3 minute 45P M.

21. I hereby certify that I attended the deceased from 3-2-1942 to 9-28-1943
that I last saw her alive on 9-12-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Duration 5 1/2 Mo

Due to Rheumatic Fever 7 Mo

Due to _____

Other conditions (Include pregnancy within 3 months of death) 582

Major findings: Of operations _____
Of autopsy _____

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 J. O. Bishop (M. D. or other) _____
Address Pilot Grove Date signed 9-30-47

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

27
0
0

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-2-42

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. Myself

working under my personal supervision.

Signed Pepton E. Hays

Licensed Embalmer No. 2074

P. O. Address Pilot Grove, Wis.

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.