

Registration District No. 266

Primary Registration District No. 6747

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Morganau-Mo (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Madison Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison

(c) City or town Morganau Mo (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Norman Gene Kemp

3. (b) If veteran, ✓ name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1943 hour _____ minute 4:00 P. M.

21. I hereby certify that I attended the deceased from 12/18 - 12/22
_____ 19____ to _____ 19____
that I last saw him alive on 12/18 _____ 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or Race W

6. (a) Single, widowed, married, divorced ✓ 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 18 1943
(Month) (Day) (Year)

Immediate cause of death Immature

Due to _____

Due to _____

Other conditions 159
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

0 0 4 _____ hr. _____ min.

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

10. Usual occupation _____

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Otto Kemp

13. Birthplace Madison Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Audra Stambaugh

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

16. (a) Informant Otto Kemp

(b) Address Morganau Mo

17. (a) Burial (b) Date thereof 12/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation gion Mo

18. (a) Signature of funeral director J. E. Hewitt

(b) Address Fredricktown Mo

19. (a) Dec 23 1943 (b) S. A. Blanghett
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury

23. Signature W. B. Bruner M.D. (M. D. or other) _____
Address Fredricktown Date signed 12/23

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

481

RECEIVED

Sanitary Health Officer No. 4
District File Number 144-3248
Date Filed 1-11-44

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 *John H. ...*

Licensed Embalmer No. 4264

P. O. Address.....

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.