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FILED FEB 27 1944

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **421**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 12 days
Specify whether

In this community Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mississippi (b) County 999

(c) City or town Corinth 22
(If outside city or town limits, write "RURAL")

(d) Street No. 113 Bunch St.
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Hazel Theo Kemp

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marcus B. Kemp

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: February 28 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 10 Days 16
If less than one day hr. _____ min. _____

9. Birthplace Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name W. J. Murphy

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

14. Maiden name Sarah Hayes

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Marcus B. Kemp

(b) Address 1313 Bunch St., Corinth, Miss

17. (a) ~~Place of burial or cremation~~ (b) Date thereof Jan. 14, 1944
(Month) (Day) (Year)

(c) Place of burial or cremation Hollywood Cem. Tenn

18. (a) Signature of funeral director Walter H. Alder

(b) Address 3634 Grays

19. (a) JAN 14 1944 J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-14-44 day _____ year _____ hour 8:05 minute _____ A. M.

21. I hereby certify that I attended the deceased from 1-4-44 19____ to 1-14-44 19____ that I last saw her alive on 1-14-44 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of Ovary

Due to peritonitis 4 days

Other conditions of obesity

Major findings: Of operations Small MA

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) _____

(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? On

While at work? No (Specify type of place) _____ (e) Means of injury _____

23. Signature J. F. Bredenk (M. D. or other) _____
Address 113 Bunch St. Date signed 1/14/44

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

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 Robert Wheeler

Licensed Embalmer No. 2178

P. O. Address Louis 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.