

FILED FEB 8 1944

302

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days) 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 311 E. Jackson
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mayme Lane Kemp

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife H. C. Kemp 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased February 25th 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 26 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Adelah Lane
13. Birthplace Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Sterling
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant H. C. Kemp
(b) Address Sedalia mo

17. (a) Burial (b) Date thereof 1-23-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dresden, mo.

18. (a) Signature of funeral director Gillespie
(b) Address Sedalia mo

19. (a) 1/22/44 (b) Mo Anna Berger
(Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st.
year 1944 hour 10 minute 40 P.M.
21. I hereby certify that I attended the deceased from January 7 - 1944
January 21 - 1944 to January 21 - 1944
that I last saw her alive on January 21 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to hypertension
Due to arteriosclerosis
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations Ja
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 Edwards (M. D. or other) _____
Address Sedalia Date signed 1/22/44

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

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

1022

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

2-4-44

SEP 22 1944

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.....

Licensed Embalmer No. 3868

P. O. Address. Seelalia

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.