

No. 2  
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17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10798

State File No. \_\_\_\_\_

FILED APR 6 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 4443017

Registrar's No. 54

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

1. PLACE OF DEATH

(a) County Cooper

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

(c) Name of hospital or institution: St. Joseph Hospital  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 7 days  
(Specify whether in this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

(d) Street No. Near Pilot Grove, Mo  
(If rural, give location)

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

3. (a) PRINT FULL NAME EVELYN-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 ✓

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

7. Birth date of deceased Feb - 11 - 1944  
(Month) (Day) (Year)

8. AGE: Years ✓ Months 1 Days 14 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Clemence Kempf

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

14. Maiden name Marella Young

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

16. (a) Informant Clemence Kempf

(b) Address Pilot Grove, Mo

17. (a) Burial (b) Date thereof 3-27-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Hays & Panter

(b) Address Pilot Grove Mo

19. (a) Mar 27-44 (b) Dr. Chas. Swap  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25th  
year 1944 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-23-1944 to 3-25-1944  
that I last saw her alive on 3-25-1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pyloric Stenosis Duration 2 wks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 157g  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. O. Boley (M. D. or other) \_\_\_\_\_  
Address Pilot Grove, Mo Date signed 3-28-44

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

4-5-44

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 Myself  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Rayton E. Mayo

Licensed Embalmer No. \_\_\_\_\_

2074

P. O. Address \_\_\_\_\_

Plot Grove, T.

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.