

Registration District No. \_\_\_\_\_ Primary Registration District No. 3002 Registrar's No. 84

1. PLACE OF DEATH:  
(a) County Audrain mo  
(b) City or town Mexico mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Audrain County Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 days  
(Specify whether years, months or days) 13 days

3. (a) PRINT FULL NAME William Pearl Kemp  
3. (b) If veteran, name war no  
3. (c) Social Security No. 486-144059

5. Color or race Negro  
6. (a) Single, widowed, married, divorced, or married  
6. (c) Age of husband or wife if city - 28 years  
7. Birth date of deceased: July 9 - 1876  
(Month) (Day) (Year)

8. AGE: Years 68, Months 4, Days 20 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business None

12. Name John Henry Kemp

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

14. Maiden name Elizabeth Kemp

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

16. (a) Informant Juliette Kemp

(b) Address Martinsburg, Mo.  
Basal

17. (a) \_\_\_\_\_ (b) Date thereof June 1-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martinsburg, Mo

18. (a) Signature of funeral director W. B. Kiddle

(b) Address Mexico, Mo

19. (a) 5/29/44 (b) Margaret K Mackie  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Audrain  
(c) City or town Mexico mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 29 year 1944 hour 8:05 minute P M.

21. I hereby certify that I attended the deceased from May 16, 1944, to May 29, 1944, that I last saw him alive on May 29, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis  
Due to: 131 hr

Other conditions: Chronic Hepatitis  
(Include pregnancy within 3 months of death)  
Pulmonary edema

Major findings: Of operations: none  
Of autopsy: no  
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. C. Brashears (M.D. or other) M.D.  
Address: Mexico, Mo Date signed: 5/29/44

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

MOTHER FATHER

JUN 22 1944

RECEIVED

District Health Officer No. 10

District File Number 6-44-114

Date Filed JUN 9 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 *Self.*

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *A.B. Helld*

Licensed Embalmer No. *1288*

P. O. Address. *Helldville, 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.