

FILED AUG 9 1944 128

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

Primary Registration District No. 2000

Registrar's No. 608

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sprfd. Baptist Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether years, months or days)  
In this community 5 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114  
(c) City or town Mt. Grove 1  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lillie Kemper

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Albert P. Kemper 6. (c) Age of husband or wife if alive UNK. years  
7. Birth date of deceased Sept. 14, 1872  
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 6 If less than one day  
hr. min.

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

10. Usual occupation Housewife

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

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert P. Kemper  
(b) Address Mt. Grove, Missouri

17. (a) Burial (b) Date thereof July 21, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek Cemetery

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 7-22-44 (b) S. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20  
year 1944 hour 2:00 minute p. M.

21. I hereby certify that I attended the deceased from July 14 1944 to July 20 1944  
that I last saw her alive on July 20 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration 4 yrs

Due to Chronic perforating duodenal ulcer unkn

Due to Adhesions of ureters

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131 h Of autopsy as above 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 Robert Glenn (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed 7-22-44

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

36  
22  
6

**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

*Walter E. Hambley*

Licensed Embalmer No.

*3808*

P. O. Address

*Springfield Me*

**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.**