No. 2
—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28650

State File No.

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 120

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: 1010 Washington St. (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92

(c) City or town St. Charles 9 (If outside city or town limits, write "RURAL")

(d) Street No. 1010 Washington 13 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Richard Kemp

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Colored

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

6. (b) Name of husband or wife Mary Moseley Kemp

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased January (Month) 9 (Day) 1870 (Year)

8. AGE: Years 74 Months 7 Days 2 If less than one day hr. min.

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

10. Usual occupation Contractor

11. Industry or business

FATHER
12. Name Richard Kemp
13. Birthplace Callaway County (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hattie Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Kemp

(b) Address St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. St. Charles Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co.

(b) Address 801 N. Second St. Charles Mo.

19. (a) 8/19/44 (Date received local registrar) (b) Ernst L. Paule (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1944 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from July 15 1944 to Aug 11th 1944 that I last saw him alive on Aug 11th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency & Hypertension

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 27 days

92 b

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 H. H. [illegible] (M. D. or other)

Address 200 N. Main St St Charles Mo. Date signed 8/19/44

1340

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED-
District Health Officer No. 9.

District File Number.....

Date Filed 9-14-44

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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.