S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41669

State File No.

FILED DEC 38 1945

Registration District No. 383 — Primary Registration District No. 5655 — Registrar's No. 39-38

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Mount Vernon Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 144 days (Specify whether years, months or days)

In this community 144 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Sugar Creek (If outside city or town limits, write "RURAL")

(d) Street No.: 109 South Northern (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Betty Marie Kemper

3. (b) If veteran, name war: No

3. (c) Social Security No. 487-26-5338

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Boyd Kemper

6. (c) Age of husband or wife if alive: 22 years

7. Birth date of deceased: March (Month) 28 (Day) 1924 (Year)

8. AGE: Years 21 | Months 7 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace: South Bend (City, town, or county) Ind. (State or foreign country) /

10. Usual occupation: Housewife

11. Industry or business

MOTHER FATHER

12. Name: Ernest A. Lyons

13. Birthplace: Marshfield (City, town, or county) Ind. (State or foreign country) /

14. Maiden name: Frances Meggert

15. Birthplace: South Bend (City, town, or county) Ind. (State or foreign country) /

16. (a) Informant: E. McMichael, Record Clerk

(b) Address: Mo State San, Mount Vernon, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/11/45 (Month) (Day) (Year)

(c) Place: burial or cremation: Sugar Creek, Mo

18. (a) Signature of funeral director: Geo. Carson Eva Co

(b) Address: Independence, Mo

19. (a) 11-15-45 (Date received local registrar) (b) C. A. Philbrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11 year 1945 hour 9 minute 05 A.M.

21. I hereby certify that I attended the deceased from June 21, 1945, to November 11, 1945, that I last saw her alive on November 11, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	about 1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: 1

Of autopsy: 3b

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: Charles A. Brucker M.D. (or other)

Address: Mount Vernon, Mo. Mo. State San. Date signed 11-11-45

1464

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1245-1191
Date Filed 12-18-45

DEC 29 1945

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.