

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2357**
Registrar's No. **40**

Registration District No. **33** Primary Registration District No. **3010**

1. PLACE OF DEATH:
(a) County **Cape Girardeau**
(b) City or town **"**
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **14 days**
(Specify whether
In this community **43 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cape Girardeau**
(c) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL")
(d) Street No. **544 N. Main**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Carl J. Kempte**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **24**
year **1946** hour **12** minute **12** A. M.
21. I hereby certify that I attended the deceased from **11-10** 19**46** to **1-24** 19**46**
that I last saw **117** alive on **1-24** 19**46**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Sueda**
6. (c) Age of husband or wife if alive **67** years
7. Birth date of deceased **May 9 1873**
(Month) (Day) (Year)

Immediate cause of death **Coronary Disease**
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
72 8 15 hr. min.
9. Birthplace **Centerville** **Ill.**
(City, town, or county) (State or foreign country)

Other conditions **Operation**
(Include pregnancy within 3 months of death)
Major findings: Of operations **H&H**
Of autopsy _____

10. Usual occupation **Shoe Factory**
11. Industry or business _____
12. Name **Kempston**
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

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?
While at work? _____ (Specify type of place)
Means of injury _____

16. (a) Informant **Charles Kempte**
(b) Address **Cape Girardeau Mo**
17. (a) **Burial** (b) Date thereof **Jan 27-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park**
18. (a) Signature of funeral director **J. E. Howell**
(b) Address **Cape Girardeau Mo**
19. (a) **1-30-1946** (b) **C. G. Summers**
(Date received local registrar) (Registrar's signature)

23. Signature **C. G. Summers** (M. D. or other)
Address **Cape Girardeau** Date signed **1/29/46**

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

347

16
4

24

Health Officer No. 4
District File Number 246-1675
Date Filed 2-7-46

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.....

W. H. E. E. E.

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.