

No. 2
I-5-43
5-17-39
I X36671

FILED FEB 11 1946

Registration District No. _____

Primary Registration District No. 3012

Registrar's No. 9

1. PLACE OF DEATH:

(a) County CLAY
(b) City or town EXCELSIOR SPRINGS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
EXCELSIOR SPRINGS SANITARIUM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY
(Specify whether
In this community 17 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY
(c) City or town EXCELSIOR SPRINGS
(If outside city or town limits, write "RURAL")
(d) Street No. 516 ELMS BLVD.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAVID A. KEMMEL

3. (b) If veteran, name war No
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JENNY KEMMEL
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased DEC - 15 - 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 1
If less than one day hr. _____ min. _____

9. Birthplace RAY COUNTY, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business FARMING

12. Name WILLIAM KEMMEL

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

14. Maiden name MARTHA HOLMAN

15. Birthplace RAY COUNTY, MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jenny Kemmel

(b) Address EXCELSIOR SPRINGS, MO.

17. (a) BURIAL (b) Date thereof 1-19-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RURAL - RAY COUNTY

18. (a) Signature of funeral director Claude Prichard

(b) Address EXCELSIOR SPRINGS, MO.

19. (a) 1-17-46 (b) Caroline Hattahine
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 16TH
year 1946 hour 3 minute 40 A. M.

21. I hereby certify that I attended the deceased from Jan 11, 1946, to Jan 16, 1946;
that I last saw him alive on Jan 15, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration 3 days

Due to following Intercapsular fracture of R. Hip joint.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1860
Of autopsy 1860

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) Accidental fall in home

(b) Date of occurrence Jan 11 - 46

(c) Where did injury occur? in Home Ex. Spgs. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in Home

While at work no (Specify type of place) (e) Means of injury fall

23. Signature W. Gaines (M. D. or other) M.D.

Address Raymond Mo Date signed 1-17-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
430
MOTHER FATHER

RECEIVED

District Health Officer No. 87

District File Number

Date Filed

2-8-76

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 _____
E. E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs,

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.