

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED MAY 9 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14244

Registration District No. 316

Primary Registration District No. 4461

Registrar's No. 122

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13144
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bismarck
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In-hospital or institution years
In this community years
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Fred Kemp
3. (b) If veteran, name war /
3. (c) Social Security No. /

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fattie Kemp 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June 22 1888
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Iron Co., Mo (City, town, or county) (State or foreign country)

10. Usual occupation mining
11. Industry or business mining

MOTHER FATHER
12. Name Fred Kemp
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Mary Wyanacke
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Fattie Kemp
(b) Address Bismarck, Mo

17. (a) Burial (b) Date thereof 3-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bismarck, Mo

18. (a) Signature of funeral director Baldwell Bros
(b) Address Flat River, Mo

19. (a) 4-6-46 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bismarck
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 23 day March
year 1946 hour 5 PM M.
21. I hereby certify that I attended the deceased from 3-20
1946 to 3-23 1946
that I last saw him alive on 3-22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to remedy

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations Brain
Of autopsy Brain

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) (Specify means of injury)
While at work /
23. Signature O. W. Henffner (M. D. or other) /
Address Bismarck Mo Date signed 4-4-46

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(Licensed Embalmers' Statement on Reverse Side)

District Health Officer No. 4
District File Number 546-2101
Date Filed 5-8-46

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.A. Caldwell

Licensed Embalmer No. 3317

P. O. Address Flat River ms

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.