

S. No. 2
DM-2-43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

20947

FILED JUL 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 206

Primary Registration District No. 5745-3042

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Rural Fredericktown
(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 _____ (Specify whether _____)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Madison
(c) City or town Rural Central Twp
(If outside city or town limits, write "RURAL") _____
(d) Street No. _____ (If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE ELLIS KEMP

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. (1) 5. Color or race W.
6. (a) Name of husband or wife Elmora Kemp 6. (c) Age of husband or wife if alive Dec. 10 1873
7. Birth date of deceased Oct. (Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Newt Kemp

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

14. Maiden name Louisa Griffith

15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Clarence E. Kemp

(b) Address Boon - mo

17. (a) Burial (b) Date thereof June 5-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. Pisgah

18. (a) Signature of funeral director Wesley Helt

(b) Address Fredericktown Mo

19. (a) 6-6-1946 (b) Abeluce Becke (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3 year 1946 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 1946 to June 3 1946 that I last saw him alive on June 24 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerular Nephritis Duration unknown

Due to _____

Due to _____

Other conditions Cardiac degeneration with mild insufficiency (Include pregnancy within 3 months of death) Unknown

Major findings: Of operations _____

Of autopsy 130 **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? _____

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

23. Signature SC Slaughter (M. D. or other) _____

Address 135 W. main Fredericktown Date signed June 4 1946

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

19510

RECEIVED

District Health Officer No. 4
Licenses File Number 746-2279
Date 7-6-46

1946 JUL 26 10 44 AM

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 H. Helt
Licensed Embalmer No. 4264
P. O. Address Fredericktown, Md

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.