

S. No. 2
M-2-43
5-17-39
I X35697

FILED SEP 27 1946

Primary Registration District No. **4099**

Registrar's No. **136**

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Pleasant Hill
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass 19

(c) City or town Pleasant Hill
(If outside city or town limits, write "RURAL")

(d) Street No. 3
(If rural, give location)

(e) Citizen of foreign country? 1
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Thomas Jefferson Kemper

3. (b) If veteran, name war no

3. (c) Social Security No. 708-14-6521

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 1946 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept 9
1946 to Sept 9 1946
that I last saw him alive on Sept 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 hr.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Minnie Kemper 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May 1 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Shannon Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Labourer

11. Industry or business S.P. & R.R. Section

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Minnie Kemper, Wife

(b) Address Pleasant Hill

17. (a) Burial (b) Date thereof 9-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Mo

18. (a) Signature of funeral director Virgil Herch

(b) Address Pleasant Hill

19. (a) Sept. 16, 46 (b) Dora J. Jones
(Date received local registrar) (Registrar's signature)

Due to arterio sclerosis

Due to _____

Other conditions 94A
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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)
(e) Means of injury 2

23. Signature Blair J. Gault (M. D. or other) D.D.

Address Pleasant Hill, Mo. Date signed 9/10/46

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

9-26-46 12:41:50P

MOTHER FATHER

51

SEP 27 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 *J. W. Herrick*
Licensed Embalmer No. *3599*
P. O. Address *Pleasant Hill*

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.