No. 2
1—2-43
5-17-39
X35697

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

31553

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 6 1946

State File No. 32724

Registration District No. 38 — Primary Registration District No. 5120 — Registrar's No. 260

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: no / (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 Missouri (b) County Boone 10

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

(d) Street No. Brown Station R 1 (If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME William Kemper

3. (b) If veteran, name war xx

3. (c) Social Security No. xx

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Nov 15 1865 (Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 16 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business "

FATHER
12. Name T.T.S. Kemper
13. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Sarah Ann Bratton
15. Birthplace ..... (City, town, or county) Ky (State or foreign country)

16. (a) Informant Alvin Kemper

(b) Address Columbia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2-46 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director R Wilton

(b) Address Columbia

19. (a) Nov 1 1946 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1946 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 9-30- 1946 to 10-31- 1946 that I last saw him alive on 10-31- 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Do not know

Due to 81 yrs of age

Due to Hardening Arteries

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

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) No

(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? No (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) MD

Address Columbia, Mo Date signed 11-1-46

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-4-46
OCT 8 1947

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, [redacted] ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo.

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.