

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **879**
Registrar's No.

Registration District No. **131** Primary Registration District No. **5471**

1. PLACE OF DEATH:

(a) County **Greene**

(b) City or town **Central Washington Township**
(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
(Specify whether years, months or days)

In this community
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Greene** **40**

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

(d) Street No. **Washington Township**
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Gullia Keen Kempko**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **2 divorced**

6. (b) Name of husband or wife **Garnett Kempko** 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **Dec - 16 - 1855**
(Month) (Day) (Year)

8. AGE: Years **91** Months **1** Days **10** If less than one day hr. min.

9: Birthplace **Bedford Co. Penn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Polish man**

11. Industry or business

12. Name: **Phillip Stockman**

13. Birthplace: **Penn.**
(City, town, or county) (State or foreign country)

14. Maiden name: **Maries Keen**

15. Birthplace: **Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Ed. Walen**

(b) Address: **Spickard 7810**

17. (a) (Burial, cremation, or removal): **Burial** (b) Date thereof **Jan 25 - 47**
(Month) (Day) (Year)

(c) Place: burial or cremation **Willa Cem Greene Co Mo**

18. (a) Signature of funeral director: **S. H. Miller**

(b) Address: **Spickard Mo**

19. (a) (Date received local registrar): **Jan 30 1947** (b) **Mrs. Mother**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **26** year **1947** hour **7** minute **45** a. m.

21. I hereby certify that I attended the deceased from **Jan 2** 1947 **to** **Jan 20** 1947
that I last saw h. or alive on **Jan 21** 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of left femur** Duration **about 20 days**

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **186/A**

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Means of injury

23. Signature: **S. H. Miller M.D.** (M.D. or other)

Address **Drenton Mo.** Date signed **1-27-47**

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

114

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 Mac

Licensed Embalmer No.....

3771

P. O. Address.....

Spickard 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.