

FILED JAN 20 1947

Registration District No. 249

Primary Registration District No. 4372

Registrar's No. 6

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

1. PLACE OF DEATH: **Nodaway**

(a) County **Nodaway**

(b) City or town **Burlington Jct**  
(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 \_\_\_\_\_ (years, months or days)

3. (a) PRINT FULL NAME **Unnamed Infant Kempf**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **January 5 1947**  
(Month) (Day) (Year)

8. AGE: Years <b>0</b>	Months <b>0</b>	Days <b>3</b>	If less than one day _____ hr. _____ min.
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9. Birthplace **Burlington Junction Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **Unknown**

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

14. Maiden name **Pauline Susan Kempf**

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

16. (a) Informant **John Kempf**

(b) Address **Burlington Jct Mo**

17. (a) **Burial** (b) Date thereof **1-9-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ohio Cemetery**

18. (a) Signature of funeral director **J. H. HARR**

(b) Address **Burlington Jct Mo**

19. (a) **Jan 2 1947** (b) **Bess Holt**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **Missouri**

(a) State **Missouri** (b) County **Nodaway**

(c) City or town **Burlington Jct**  
(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 **Jan** day **8**  
year **1947** hour **8** minute **45** A.M.

21. I hereby certify that I attended the deceased from **not**  
**attended** 19... to 19...  
that I last saw him alive on **not seen** 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death **Unknown** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **200**  
(Include pregnancy within 3 months of death)

Major findings: **no operation**

Of operations **no 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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **L. E. Deane** (M.D. or other) **MD**

Address **Marionville Mo** Date signed **1-7-47**

DISTRICT HEALTH OFFICE  
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....  
**No services were held**  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. **2968**

P. O. Address. **Burlington Jet 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.