

Registration District No. 82

Primary Registration District No. 4144

1. PLACE OF DEATH

(a) County Cooper

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

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

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

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

3. (a) PRINT FULL NAME HENRY-KEMPF

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Clara Kempf

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 4-18-1875  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 13 If less than one day ✓ hr. ✓ min.

9. Birthplace Ft. Madison Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Same

12. Name John Kempf

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

14. Maiden name Theresa Berger

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

16. (a) Informant Mrs Henry Kempf

(b) Address Pilot Grove, Mo

17. (a) Burial (b) Date thereof 3-17-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove, Mo

18. (a) Signature of funeral director Hayes & Jinitzer

(b) Address Pilot Grove Mo

19. (a) 3-16-47 (b) DeHooper  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14  
year 1947 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from Aug. 1st  
1946 to March 14 1947

that I last saw him alive on March 13th 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive pre-monia

Due to Congestive failure - left ventricular failure

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

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)

(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 Bernice E. Eggleston (M. D. or other) P.O. 2  
Address Box 114 Pilot Grove, Mo Date signed 3-15-47

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

700

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-12-47

APR 16 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, or by myself

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Rayton E. Mayo

Licensed Embalmer No. 3074

P. O. Address Pilot Grove 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.**