

S. No. 2
OM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 2 1947
Registration District No. 209

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Luedtke 10000

State File No. _____

Primary Registration District No. 4320

Registrar's No. 20

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Palmyra
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Marion County
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 mo
(Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Palmyra
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country Life time

3. (a) PRINT FULL NAME Henry Christian Kempf
3. (b) If veteran, name war _____ 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 5 1947
year 1947 hour 5 minute _____ p. M.

4. Sex Male 5. Color or race White 6. (a) ~~Married~~ divorced 3
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 4 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 17
1946 to March 17 1947
that I last saw him alive on March 17 1947
and that death occurred on the date and hour stated above

8. AGE: Years Months Days If less than one day
83 10 13 _____ hr. _____ min.

Immediate cause of death:
Prostatic Hypertrophy
cardiac sclerosis.

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

Due to _____
Due to _____

10. Usual occupation Farming
11. Industry or business _____

Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name Casper Kempf
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Caroline Waggner
15. Birthplace Germany (City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
197A
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Ida Ruth Freidank
(b) Address Palmyra Mo

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? _____

17. (a) Burial (b) Date thereof 3-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial of Greenwood
18. (a) Signature of funeral director Henry Beac
(b) Address Palmyra, Mo
19. (a) 3-22-1947 (b) David Luedtke
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
Means of injury _____
23. Signature Dr. Luedtke (M. D. or other)
Address Honorable Date signed 3-20-47

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

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. B. Lewis*

Licensed Embalmer No. *2168*

P. O. Address *Falcons, Md*

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.