

S. No. 2  
-12-45  
5-17-39  
P 1 X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 19 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16491

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 140

1. PLACE OF DEATH:  
(a) County Boone  
(b) City or town Columbia  
(c) Name of hospital or institution: Boone Co Hosp  
(d) Length of stay: 7 days  
In this community 18 yr

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Boone  
(c) City or town Rocheport  
(d) Street No. -  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Agnes Kemper  
3. (b) If veteran, name war xx 3. (c) Social Security No. x  
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Sanford Kemper 6. (c) Age of husband or wife if alive Dead  
7. Birth date of deceased Nov 24 1871

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 7th year 1947 hour 012:15 minute PM  
21. I hereby certify that I attended the deceased from April 30 1947, to May 7 1947, that I last saw her alive on May 12 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 5 Days 13 If less than one day hr. min.

Immediate cause of death: Fracture of hip, pneumonia, suppurative, acute, severe, myocarditis, chronic, arteriosclerosis, marked.  
Due to myocarditis, chronic  
Due to arteriosclerosis, marked.  
Other conditions: None  
Major findings: 150  
Of operations: 10  
Of autopsy: 10

9. Birthplace Iron Co Mo  
10. Usual occupation Housewife

11. Industry or business  
12. Name Edward Barnes  
13. Birthplace Ky  
14. Maiden name Sarah Morris  
15. Birthplace Ky

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs H Barnes  
(b) Address Rocheport Mo  
17. (a) Burial (b) Date thereof May 9 47  
(c) Place: burial or cremation Rocheport

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Fell at home  
(b) Date of occurrence April 30 1947  
(c) Where did injury occur? Rocheport, Boone Co, Mo  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

18. (a) Signature of funeral director Rowlett  
(b) Address Columbia Mo  
19. (a) 5-8-47 (b) Mrs R.E. Palmer

While at work? no (c) Means of injury fall  
23. Signature James M. Baker MD  
Address Columbia Mo Date signed May 8 1947

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

Maker

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 5-15-47

JUN 2 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, Erby  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Lynard 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.