FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

26692

State File No.

FILED SEP 23 1947

Registration District No. 12

Primary Registration District No. 5052

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: Roaring River State Park 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County 1

(c) City or town rural 5
(If outside city or town limits, write "RURAL")

(d) Street No. Conway Springs, Kansas 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country -------

3. (a) PRINT FULL NAME CURTIS KEMP

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife ----

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

7. Birth date of deceased April (Month) 22 (Day) 1930 (Year)

8. AGE:

Years	Months	Days	If less than one day
17	0	29	hr. min.

9. Birthplace Protection (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation student

11. Industry or business Carthage Catholic School

FATHER
12. Name Elbert Kemp
13. Birthplace Haven (City, town, or county) Kansas (State or foreign country) 1

MOTHER
14. Maiden name Mary Ann Boyer
15. Birthplace Mt. Hope (City, town, or county) Kansas (State or foreign country) 1

16. (a) Informant Mrs. Mary A. Leddy

(b) Address RFD, Conway Springs, Kansas

17. (a) removal (Burial, cremation, or removal) (b) Date thereof May 22, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Conway Springs, Kns.

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri.

19. (a) 1-3-48 (Date received local registrar) (b) Mrs Gene Hudson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1947 hour 11 minute 30 a.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Asphyxiation	1h
Due to Drowning	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 21 47

(c) Where did injury occur? (City or town) Barry (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Park (Specify type of place)

While at work? no (e) Means of injury Drowned

23. Signature Geo. Newman (M. D. ~~or other~~)

Address Cassville, Mo Date signed 5/23/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number
Date Filed

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 Frank W. Knell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.

2B
45
43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Sept

Registration District No. 12 Primary Registration District No. 5052 Registrar's No.

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Rural
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Curtis Kemp

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 S

6. (b) Name of husband or wife

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

7. Birth date of deceased April 22 (Month) (Day) (Year)

8. AGE: Years 17 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 1/3/48 (Date received local registrar) (b) Mrs Gene Hudson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 21 Day year 1947 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of 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)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

266092