

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

FILED OCT 13 1947

Registration District No. 98 Primary Registration District No. 4163

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

1. PLACE OF DEATH:
 (a) County Daviess
 (b) City or town Jamesport
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
In a Cafe at Jamesport, Mo. 3
(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)
Several Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Grundy 40
 (c) City or town "Rural" Jefferson Twp. 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 5 Miles East Jamesport, Mo. 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Charles Kemp
 3. (b) If veteran, name war None
 3. (c) Social Security No. None
 4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ina Kemp
 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased July 20 1899
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 26
 year 1947 hour 1 minute 20 P.M.
 21. I hereby certify that I attended the deceased from Aug 26
1947 to Aug 26 1947
 that I last saw him live on Aug 26 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>1</u>	<u>6</u>	_____ hr. _____ min.

Immediate cause of death Coronary Thrombosis
 Due to Hypertension and Arteriosclerosis
 Due to _____
 Other conditions None
(Include pregnancy within 3 months of death)
 Major findings: None
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace: Adair County Iowa
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer
 11. Industry or business General Farming
 12. Name Orphus E. Kemp
 13. Birthplace Cedar Co. Iowa
(City, town, or county) (State or foreign country)
 14. Maiden name Mirtle McDonald
 15. Birthplace Marshalltown Iowa
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Ina Kemp
 (b) Address Jamesport, Missouri
 17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 8-30-1947
(Month) (Day) (Year)
 (c) Place: burial or cremation Jamesport, Mo.
 18. (a) Signature of funeral director Hope Funeral Home
 (b) Address Gallatin, Missouri
 19. (a) 9-23-47 (b) Vergenia M. Englehart
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
 23. Signature J. B. Parley (M. D. or other) MD
 Address Jamesport, Mo. Date signed 9-1-1947

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 embalmed by me, or by.....

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

Signed

L. O. Richesson

Licensed Embalmer No.

P. O. Address

*3302
Gallatin, 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.