

No. 2
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31713**

Registration District No. **174**

Primary Registration District No. **5644**

Registrar's No. **66**

1. PLACE OF DEATH:

(a) County **Lafayette**

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

(c) Name of hospital or institution:
6 mi S. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Lafayette 54**

(c) City or town **Lafayette**
(If outside city or town limits, write "RURAL.")

(d) Street No. **6 mi S.**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **CARRIE B KEMPEL**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **John KempeL**

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

7. Birth date of deceased **July 28 - 1872**
(Month) (Day) (Year)

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

75 0 26 hr. min.

9. Birthplace **Odessa, MO**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **at home**

MOTHER FATHER

12. Name **JAMES BURKE**

13. Birthplace **Lafayette Co MO**
(City, town, or county) (State or foreign country)

14. Maiden name **Marie Clew**

15. Birthplace **Lafayette Co. MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Chris Betz**

(b) Address **Lafayette MO**

17. (a) **Burial** (b) Date thereof **9-28-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lafayette, MO**

18. (a) Signature of funeral director **Carl B. Kempel**

(b) Address **Lafayette, MO**

19. (a) **15 Sept 47** (b) **Wm. H. Eastman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **28**
year **1947** hour **8** minute **50 P** M.

21. I hereby certify that I attended the deceased from **8-28**, 19**47**, to **8-28**, 19**47**
that I last saw her alive on **9-5**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach**

Due to **malnutrition**

Due to **Senility**

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

Major findings:
Of operations **ct/b B**

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 _____

Signature **Ed M. Betz** (M. D. or other) **0**

Address **Odessa MO** Date signed **9/25/47**

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-7-47

1000

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 Geo. McKeon

Licensed Embalmer No. 2983

P. O. Address Livingston, 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.