

No. 2,
1-5-43
5-17-39
I X36671

FILED JAN 6 1948
Registration District No. **128**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH:

(a) County **GREENE**

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

(c) Name of hospital or institution: **Springfield Baptist Hospital** **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Week**
(Specify whether years, months or days)

In this community **25 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

(c) City or town **Springfield** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **710 W. Walnut St.** **6**
(If rural, give location) **0**

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

If yes, name country _____

3. (a) PRINT FULL NAME **Merl Kemp**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **?**

4. Sex **Male** **0** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **1**

6. (b) Name of husband or wife **Thedis Kemp**

6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **December 9, 1909**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
383	0	2	hr. min.

9. Birthplace **Dora, Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed at present**

MOTHER FATHER

11. Industry or business _____

12. Name **Jack M. Kemp**

13. Birthplace **UNKNOWN** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Lucinda Jackson**

15. Birthplace **UNKNOWN** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thedis Kemp**

(b) Address **710 W. Walnut, Springfield, MO.**

17. (a) **Burial** (b) Date thereof **Dec. 13, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hale, near Dora, Missouri**

(a) Signature of funeral director **Fred C. Thieme**

(b) Address **Springfield, Missouri**

(a) **12/12/47** (b) **W. E. Kendall**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **10th**
year **1947** hour **7:00 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **12-1-47**
_____, 19____, to **12-10-47**, 19____;

that I last saw him alive on **12-10-47**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Essential Hypertension (Malignant) **4 yrs**
Respiratory Paralysis **7 hrs.**

Due to _____

Due to **114K**

Other conditions **Pt. Hemiplegia May 1946**
(Include pregnancy within 3 months of death)

Major findings: **Right Thoraco-lumbar**
'Of operations **Synphysis May 12-10-47**

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?

While at _____ (Specify type of place)

(e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) **0**

Address **Springfield, Mo.** Date signed **12-11-47**

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 Ralph H. Thimer
Licensed Embalmer No. 3681
P. O. Address Springfield, 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.