

S. No. 2  
M-8-43  
5-17-39  
PI X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15823  
Registrar's No. 63

Registration District No. 8 Primary Registration District No. 5311

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

1. PLACE OF DEATH:  
(a) County Cooper  
(b) City or town Pilot Grove (Rural) TWP  
(c) Name of hospital or institution:  
(d) Length of stay: In hospital or institution 80 years  
In this community 80 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cooper  
(c) City or town Pilot Grove (Rural) TWP  
(d) Street No.  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME JOHN - KEMPF

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married divorced/widowed

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased June 24 1863

8. AGE: Years 84 Months 10 Days 17

9. Birthplace westpoint Iowa

10. Usual occupation Retired Farmer

11. Industry or business

12. Name John Kempf

13. Birthplace unknown 9

14. Maiden name Anna Keener

15. Birthplace unknown 0

16. (a) Informant Mrs. Herman Berke  
(b) Address Pilot Grove, Mo

17. (a) Burial (b) Date thereof May 14/1948  
(c) Place: burial or cremation Pilot Grove Cath. Ceme.

18. (a) Signature of funeral director Harry - Painter  
(b) Address Pilot Grove, Mo

19. (a) 5-13-48 (b) J. Cooper 271

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1948 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from 30 April 1948 to May 11 1948  
that I last saw him alive on May 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to Hypertension, Arteriosclerosis

Due to

Other conditions  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work (c) Means of injury

23. Signature E. T. Humphreys (M. D. or other)  
Address Pilot Grove, Mo Date signed 5/12/48

RECEIVED

District Health Officer No. 87

District File Number \_\_\_\_\_

Date Filed 5-24-48

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 Myself

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Rayton E. Hays

Licensed Embalmer No. 3074

P. O. Address Pilot Grove

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.