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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17083

FILED JUN 15 1948

Registration District No. 251

Primary Registration District No. 3048

State File No. ....

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Maryville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 weeks (Specify whether  
In this community 12 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 14  
(c) City or town Skidmore 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. none (If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME FLORENCE ZETTA KEMPF

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced M /  
6. (b) Name of husband or wife Lawrence Kempf 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased Jan. 23 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 4 8 hr. min.

9. Birthplace Rochester New York /  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Alanson R. Sage  
13. Birthplace New York /  
(City, town, or county) (State or foreign country)  
14. Maiden name Andrews  
15. Birthplace New York /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lawrence Kempf  
(b) Address Skidmore, Missouri

17. (a) burial (b) Date thereof 6/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest  
18. (a) Signature of funeral director Pine Funeral Home  
(b) Address Maryville, Missouri  
19. (a) 6-5-48 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1948 hour 5 minute 40 AM.

21. I hereby certify that I attended the deceased from April 12  
1948 to May 31, 1948  
that I last saw her alive on May 30, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 1 day  
Due to general arteriosclerosis not here  
Due to .....

Other conditions gall stones  
(Include pregnancy within 3 months of death)  
Major findings: enlarged heart  
Of operations fistula  
Of autopsy .....

Duration  
1 day  
nt here  
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?  
While at work? .....

23. Signature J. A. Blumer (M. D. or other) 0  
Address Maryville Mo Date signed 2/14/48

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

**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 Clem M. Price  
Licensed Embalmer No. 1822  
P. O. Address Maryville, 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.**