

Registration District No. 221

Primary Registration District No. 4381

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Moniteau Co  
(b) City or town Jamestown Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Linn Hosp. 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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
(c) City or town Jamestown Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Mrs Anna Elizabeth Kempf

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John J Kempf

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug 28

11 1888  
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jamestown (City, town, or county) 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name John Henzig 9

13. Birthplace Winkler 1 (City, town, or county) (State or foreign country)

14. Maiden name May Kolt (Kolt) (City, town, or county) (State or foreign country)

15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant John Kempf

(b) Address Jamestown Mo. apt 15-764

17. (a) Jamestown (b) Date thereof Oct 15-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Chas. J. Illiich

(b) Address \_\_\_\_\_

19. (a) Oct 14-1948 (b) Yada m Suaw  
(Date received local registrar) (Registrar's signature) 100

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Aug 2 1948  
to Oct 17 1948  
that I last saw her alive on Oct 2 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of spine  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 150  
Of autopsy \_\_\_\_\_

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 D. J. Davis (M.D. or other) D.O.  
Address California Mo Date signed 10/13/48

Date Filed \_\_\_\_\_  
District File Number 10-2048  
District Health Officer No. 9, \_\_\_\_\_

**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 Hugh E. Williams  
Licensed Embalmer No. 3537  
P. O. Address California

**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.**