

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11556

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1111</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)			
a. COUNTY Buchanan		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		a. STATE Missouri		b. COUNTY Buchanan	
c. LENGTH OF STAY (In this place) no		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Washington)		d. STREET ADDRESS (If rural, give location) R.F.D. # 6, St. Joseph, Mo.			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Ambulance enroute to Hospital							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) NANCY		b. (Middle) JO		c. (Last) KEMPER		4. DATE OF DEATH (Month) (Day) (Year) 4 21 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <del>SEPARATED</del> Never Married		8. DATE OF BIRTH Jan. 26, 1939	
9. AGE (In years last birthday) 10		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School pupil		10b. KIND OF BUSINESS OR INDUSTRY Grade School		11. BIRTHPLACE (State or foreign country) Hemple, Missouri 0	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph Kemper		13b. MOTHER'S MAIDEN NAME Winona Sponcel	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Kemper, St. Joseph, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Basal Skull Fracture				INTERVAL BETWEEN ONSET AND DEATH 1 day.			
PRECEDENT CAUSES				DUE TO (b) Fracture of 2 <sup>nd</sup> and 3 <sup>d</sup> Cervical vertebral, Fracture of right leg.			
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) Girl was riding a bicycle and ran into a truck standing near the intersection of Lake Road and Diagonal Ave, both Lake Buchanan County			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) County Road		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Joseph Buchanan Mo			
21d. TIME OF INJURY April 21 - 1949 3:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Bicycle ran into the side of a truck			
22. I hereby certify that I attended the deceased from on 4/21, 1949, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:25 p.m., from the causes and on the date stated above.							
23a. SIGNATURE H F Mundy M D Corney (Degree or title)				23b. ADDRESS St Joseph Mo		23c. DATE SIGNED 4/21/49	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 4/23/1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. April 23, 1949		REGISTRAR'S SIGNATURE E. C. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. ... St Joseph, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed..... *John E. Rupp*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.