

FILED JUL 20 1949

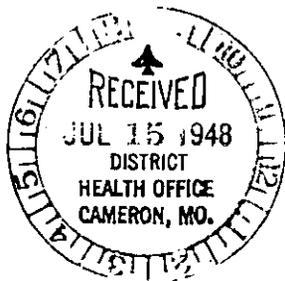
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23192

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

BIRTH NO. _____ REG. DIST. NO. 135 PRIMARY REG. DIST. NO. 4210 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Ridgeway</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Ridgeway</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Do</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ridgeway Mo. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cynthia</u> b. (Middle) <u>Alberteen</u> c. (Last) <u>Kemp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 3 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 8 1857</u>
9. AGE (In years last birthday) <u>91</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Lafayette Bridges</u>		13b. MOTHER'S MAIDEN NAME <u>Precilla Deskins</u>	14. NAME OF HUSBAND OR WIFE <u>Edward G Kemp</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>L</u>		16. SOCIAL SECURITY NO. <u>L</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lee Neff</u> ADDRESS <u>Ridgeway Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>Myocarditis</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar.</u> , 19 <u>34</u> , to <u>Apr. 3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Apr. 2</u> , 19 <u>49</u> , and that death occurred at <u>9-- A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>() Lake Brewer, M.D.</u>		23b. ADDRESS <u>Ridgeway Mo.</u>	23c. DATE SIGNED <u>Apr. 5, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 5-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridgeway</u>	24d. LOCATION (City, town, or county) (State) <u>Ridgeway Mo.</u>
DATE REC'D BY LOCAL REG. <u>Apr. 5, 1949</u>	REGISTRAR'S SIGNATURE <u>Lake Brewer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert W. Rogers</u> ADDRESS <u>Ridgeway Mo</u>	



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. 928

working under my personal supervision.

Student

General W. Rogers
Student Embalmer

Signed

Robert R. Rogers

Licensed Embalmer No.

35-76

P. O. Address

Ridgeway 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.