

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4000**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5133 Registrar's No. 229

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Marion Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rochester, Mo.</b>	
c. LENGTH OF STAY (In this place) <b>1 Week</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Easton, Mo. Route #2</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b>		b. (Middle) <b>M</b>	
c. (Last) <b>Kempf</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 25, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED—(Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Nov. 19, 1865</b>
9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months	IF UNDER 1 WEEK Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Genevive County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Conrad Kempf</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Messmer</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-30-8457</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>John A. Kempf</b>		ADDRESS <b>Easton, Mo. Rt. 2</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Leukostasis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardium heart disease</b> DUE TO (c) <b>Arteriosclerosis of Prostate</b> 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"/>		INTERVAL BETWEEN ONSET AND DEATH <b>33ix</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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 <b>2-10</b> , 1950, to <b>2-19</b> , 1950, that I last saw the deceased alive on <b>2-19</b> , 1950, and that death occurred at <b>9:30A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Charles Jenkins M.D.</b>		23b. ADDRESS <b>Rt. 2, Easton, Mo.</b>	
23c. DATE SIGNED <b>2/27/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-27-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>
DATE REC'D BY LOCAL REG. <b>Feb. 28, 1950</b>	REGISTRAR'S SIGNATURE <b>E. G. Jenkins</b>	382	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman W. Schindler</b>
		ADDRESS <b>1802 1/2 Union St.</b>	

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

**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 Elmer Thomas

Signed .....  
Student Embalmer

Licensed Embalmer No. 2640

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.