

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20699

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>147</u>		PRIMARY REG. DIST. NO. <u>5389</u>		Registrar's Nat'l. _____	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give TOWN <u>rural -- Union</u>) c. LENGTH OF STAY (In this place) <u>5 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1, Reeds</u>				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>rural -- Union</u> d. STREET ADDRESS (If rural, give location) <u>Route 1, Reeds</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ISABELLA</u> b. (Middle) <u>MONTELL</u> c. (Last) <u>KEMP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1950</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>September 23, 1866</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Jacksonport, Arkansas.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Charles M. Montell</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Guase</u>		14. NAME OF HUSBAND OR WIFE <u>Jefferson T. Kemp</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles J. Kemp, Rte 1, Reeds, 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>Acute Distention, Heart.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myo carditis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u> <u>4 years</u> <u>44 3X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)		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>10-12, 1946</u> , to <u>6-14, 1950</u> , that I last saw the deceased alive on <u>6-27, 1950</u> , and that death occurred at <u>5:10p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. J. ...</u>				23b. ADDRESS <u>St. Louis, Mo.</u>		23c. DATE SIGNED <u>6-15-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>June 16, 1950</u>		24c. NAME OF CEMETERY (OR CREMATORY) <u>Mountain View Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mountain View, Arkansas.</u>	
DATE REC'D BY LOCAL REG. <u>6/16/50</u>		REGISTRAR'S SIGNATURE <u>L. B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary Carthage, Mo.</u>			

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

0490

0490

139

RECEIVED 6-19-50

Jasper County Health Office

County File Number 50-6-474

Date Filed 6-18-50

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.

Student _____

Student Embalmer

Signed _____

Robert H. Knell

Licensed Embalmer No. _____

4459

P. O. Address _____

Carthage

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.