

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 28357  
Registrar's No. 7218BIRTH NO. 51006-5a REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Herrman</u> <u>0371</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wayne</u> b. (Middle) <u>(None)</u> c. (Last) <u>Kemp</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 23, 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Aug 5, 1950</u>	
9. AGE (In years last birthday) <u>18</u>		IF UNDER 1 YEAR Months <u>18</u> Days <u></u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>McKittick, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>Amer</u>	
13a. FATHER'S NAME <u>Leon R. Kemp</u>			13b. MOTHER'S MAIDEN NAME <u>Carla Hillitt</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leon Kemp, Herrmann, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacteremia - B. Coli acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Meningitis - B. Coli</u> DUE TO (c) <u>Diarrhea acute - B. Coli.</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>15 days</u> <u>15 days</u> <u>15 days</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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Obst. H</u>			
22. I hereby certify that I attended the deceased from <u>8-18</u> , 19 <u>50</u> , to <u>8-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-23</u> , 19 <u>50</u> and that death occurred at <u>6:25 am.</u> , from the causes and on the date stated above. <u>07/01/50</u>							
23a. SIGNATURE <u>Dr. L. Johnston</u> (Degree or title)				23b. ADDRESS <u>Children's Hosp.</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Herrmann, Mo.</u>	
DATE RECD BY LOCAL <u>AUG 24 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasaca</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blumer Funeral Home, Herrmann, Mo.</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

*J. W. M. Buckley*

Licensed Embalmer No. *3658*

P. O. Address.....

**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.