

FILED JUN 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19732

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registered No. 161

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived, or institution residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
		d. STREET ADDRESS (If rural, give location) <u>1134 E. McCarty St.</u>	

3. NAME OF DECEASED (Type or Print) <u>William James Kemper</u>			4. DATE OF DEATH <u>June 13, 1951</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 27, 1892</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 11 HRS. Hours <u>16</u>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Dispatcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri Pacific Menges Mills, Penn.</u>		11. BIRTHPLACE (State or foreign country) <u>Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Charles Kemper</u>		13b. MOTHER'S MAIDEN NAME <u>Kathryn Stonsifer</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha M Kemper</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Kemper</u> ADDRESS <u>Jefferson City, Mo.</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>B Coli Septicemia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. <u>Hydronephrosis</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pagets Disease of Bone</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 days</u>  <u>4 years</u>  <u>4 year</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>601X</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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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) _____			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
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22. I hereby certify that I attended the deceased from May 29, 1951, to June 13, 1951; that I last saw the deceased alive on June 13, 1951, and that death occurred at 2:50 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Marshall W. Keck</u> (Degree or title) <u>Medical</u>		23b. ADDRESS <u>Jefferson City</u>		23c. DATE SIGNED <u>6-15-51</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 16, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>June 15-1951</u>		REGISTRAR'S SIGNATURE <u>R.P. Darric M.D. JR.</u>		68 25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Breasche</u> ADDRESS <u>Jefferson City, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

264

0264

RECEIVED 6-18-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 6-18-51

AUG 9 1951

JUL 31 1951

JUN 20 1951

1951. 57. N.M.D.

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.

Student embalmer to \_\_\_\_\_

Signed Victor Kuesch

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.