

STANDARD CERTIFICATE OF DEATH

3774

State File No.

FILED JAN 29 1952

BIRTH NO. _____ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4531 Registrar's No. 1

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

| | | | |
|---|--------------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Warren</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u> c. LENGTH OF STAY (In this place) <u>1 Week</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Katie Jane Memorial Home</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy</u> <u>0510</u> d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| 3. NAME OF DECEASED a. (First) <u>Fredrick</u> b. (Middle) <u>William</u> c. (Last) <u>Kemper</u> (Type or Print) | | 4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>2.</u> (Year) <u>1952</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>October 29, 1860</u> |
| 9. AGE (In years last birthday) <u>91</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant (Ret.)</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Furniture</u> | 11. BIRTHPLACE (State or foreign country) <u>St Charles, Missouri.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Henry W. Kemper</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Winkler</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>None</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u> <u>None</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>S. F. Kemper</u> | | ADDRESS <u>Troy, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia bilobed hypertens</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Generalized arteriosclerosis</u> <u>arteriosclerotic heart disease</u> | |
| DUE TO (c) <u>Uremia</u> | | | |
| 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 <u>4-200</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | 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>Dec 22 1951</u> , to <u>Jan 2, 1952</u> , that I last saw the deceased alive on <u>Jan 1, 1952</u> , and that death occurred at <u>8:04 a.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Harold F. Haulbeck M.D.</u> | | 23b. ADDRESS <u>Warrenton Mo.</u> | |
| 23c. DATE SIGNED <u>1-4-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1/7/52</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u> | | 24d. LOCATION (City, town, or county). (State) <u>Troy, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>1-5-52</u> | | REGISTRAR'S SIGNATURE <u>Floyd Logan</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Kemper Funeral Home</u> | | ADDRESS <u>Troy, Missouri</u> | |

RECEIVED

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 *Joseph J. Marsh*

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.