S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27369

FILED JUL 20 1953

BIRTH NO. ____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6078 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY: STE. GENEVIEVE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL JACKSON
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): KINCEY STAR ROUTE #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: STE. GENEVIEVE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-JACKSON 0950
d. STREET ADDRESS (If rural, give location): STAR ROUTE #1

3. NAME OF DECEASED (Type or Print)
a. (First): TALMA
b. (Middle): FAYE
c. (Last): KEMP

4. DATE OF DEATH (Month) (Day) (Year): July 14 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUG 24 1918
9. AGE (In years last birthday): 34 — 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): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CENTERVILLE MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: THALMADGE MCDONALD
13b. MOTHER'S MAIDEN NAME: CARRIE ALBERT
14. NAME OF HUSBAND OR WIFE: EMIL KEMP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 497-10-5794
17. INFORMANT'S SIGNATURE OR NAME: Emil Kemp — **ADDRESS**: Kincey Mo S.R. #1

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): Carcinoma of Uterus — INTERVAL BETWEEN ONSET AND DEATH: 18 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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. Acute Myocarditis — 12 hours

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 172 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 13, 1953, *to* July 14, 1953, *that I last saw the deceased alive on* July 14, 1953, *and that death occurred at* 6:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Lanning (Degree or title): M.D.
23b. ADDRESS: Ste. Genevieve Mo
23c. DATE SIGNED: 7/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 17 1953
24c. NAME OF CEMETERY OR CREMATORY: Concord
24d. LOCATION (City, town, or county) (State): Ste. Genevieve Co. Mo

DATE REC'D BY LOCAL REG.: July 16, 1953
REGISTRAR'S SIGNATURE: Lucille Basler
25. FUNERAL DIRECTOR'S SIGNATURE: Leo C. Barber — **ADDRESS**: Ste. Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Aug 6 1957

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 No.....

Signed Adrian J Ehler

Signed.....
Student Embalmer

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve, M

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.