

S. No. 2
 8-43
 5-17-39
 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED DEC 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Dr. Peelor **37859**
 State File No.

Registration District No. 137 Primary Registration District No. 5506 Registrar's No. 189

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Clinton - Rural
 (c) Name of hospital or institution: _____
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Length of stay: In hospital or institution: 1
 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Henry
 (c) City or town Clinton Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1 mile West Clinton
 (If rural, give location)
 (e) Citizen of foreign country? ✓ (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME H M Morgan Kemper
 (b) If veteran, name war: ✓
 (c) Social Security No. _____

20. DATE OF DEATH: Month 11 day 7
 year 1944 hour 3:30 minute PM M.

4. Sex MO 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Annie
 (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased: 12-23-1867
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/21, 1943 to 11-7, 1944
 that I last saw him alive on 10-29, 1944
 and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION

Immediate cause of death Myocardial Degeneration
 Due to _____
 Due to Q3d
 Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings: None
 Of operations: None
 Of autopsy: None

Underline the cause to which death should be charged statistically.

8. AGE: Years 81 Months 10 Days 9
 If less than one day _____ hr. _____ min.
 9. Birthplace Owenton Ky
 (City, town, or county) (State or foreign country)
 10. Usual occupation Merchant & Farmer
 11. Industry or business _____
 12. Name Wm Kemper
 13. Birthplace Ky
 (City, town, or county) (State or foreign country)
 14. Maiden name Malinda Jane Haines
 15. Birthplace Ky
 (City, town, or county) (State or foreign country)
 16. (a) Informant Annie Kemper
 (b) Address Clinton Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-44
 (Month) (Day) (Year)
 (c) Place: burial or cremation: Englewood Cen
 18. (a) Signature of funeral director: Ed. C. Peelor
 (b) Address Clinton Mo
 19. (a) November 4, 1944 (Date received local registrar)
Georgia Ritchey (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place) (or) Means of injury _____
 23. Signature Ed. C. Peelor (M. D. or other)
 Address Clinton Mo Date signed 11/7/44

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

2000

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RECEIVED
Officer No. 7,
11-44-1357
Date Filed 12-9-44

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Fred Wickessee

Licensed Embalmer No. 7478

P. O. Address Clinton Ma

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.