. No. 2
M—5-43
5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20865

Registration District No. 225 Primary Registration District No. 4335 Registrar's No. 71

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Tipton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town Tipton
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

3. (a) PRINT FULL NAME Celesta Emma Kempe
3. (b) If veteran, name war None
3. (c) Social Security No. 547-12-7939
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 20 (Day) 1908 (Year)

8. AGE: Years 36 Months 6 Days 29 If less than one day hr. min.

9. Birthplace California (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Factory Worker
11. Industry or business Factory

MOTHER FATHER
12. Name O.F.Hurt
13. Birthplace Cooper County Missouri (City, town, or county) (State or foreign country)
14. Maiden name Sereptia Evans
15. Birthplace Cooper County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sereptia Reed
(b) Address Tipton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/1945 (Month) (Day) (Year)
(c) Place: burial or cremation California, Missouri
18. (a) Signature of funeral director James E. Richards
(b) Address Tipton Mo.
19. (a) June 20/45 (Date received local registrar) (b) Mrs. Leo Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1945 hour 5 minute 15 P M.
21. I hereby certify that I attended the deceased from November 20th 1944 to June 19 1945 that I last saw her alive on June 19. 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death True Uremia	4 days.
Due to Subacute & chronic glomerulo nephritis	4 Months
Due to Endocarditis - Lenta.	7 Months
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 120

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Frank C. Tempore M. D. or other) D.O.
Address Date signed 6/20/45

871

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-11-45

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

Signed Jewell E Richards

Licensed Embalmer No. 2466

P. O. Address: Lupton

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.