

No. 2
1-5-43
5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2461**

FILED FEB 11 1946

Registration District No. _____

Primary Registration District No. **3012**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **CLAY**
 (b) City or town **EXCELSIOR SPRINGS**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
EXCELSIOR SPRINGS SANITARIUM
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 DAY**
(Specify whether
 In this community **17 YEARS**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CLAY MO**
 (c) City or town **EXCELSIOR SPRINGS**
(If outside city or town limits, write "RURAL")
 (d) Street No. **516 ELMS BLVD.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **DAVID A. KEMMEL**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **JENNY KEMMEL** 6. (c) Age of husband or wife if alive **69** years
 7. Birth date of deceased **DEC - 15 - 1860**
(Month) (Day) (Year)

8. AGE: Years **85** Months **1** Days **1** If less than one day _____ hr. _____ min.

9. Birthplace **RAY COUNTY, MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business **FARMING**

12. Name **WILLIAM KEMMEL**

13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **MARTHA HOLMAN**

15. Birthplace **RAY COUNTY, MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Jenny Kemmel**

(b) Address **EXCELSIOR SPRINGS, MO.**

17. (a) **BURIAL** (b) Date thereof **1-19-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **RURAL - RAY COUNTY**

18. (a) Signature of funeral director **Claude Prichard**

(b) Address **EXCELSIOR SPRINGS, MO.**

19. (a) **1-17-46** (b) **Caroline H. H. H.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN.** day **16TH** year **1946** hour **3** minute **40 A. M.**

21. I hereby certify that I attended the deceased from **Jan 11** 19**46**, to **Jan 16** 19**46**; that I last saw him alive on **Jan 15** 19**46**; and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Edema** Duration **3 days**
 Due to **following Intercapular fracture of R. Hip joint.**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **18 18** Of autopsy _____

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) **Accident fall in home**

(b) Date of occurrence **Jan 11-46**

(c) Where did injury occur? **in Home Excls. Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in Home

While at work **no** (Specify type of place) (e) Means of injury **fall**

23. Signature **J. W. Gaines** (M. D. or other) **M. D.**

Address **Raymond Mo** Date signed **1-17-46**

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

430

MOTHER FATHER

RECEIVED

District Health Officer No. 87

District File Number -----

Date Filed 2-8-76

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 E. E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs,

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.