

47388

STATE OF OREGON
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES
Vital Statistics SectionVol. M 78 Page 8849151
CERTIFICATE OF DEATH

DECEASED—NAME		First	Middle	Last	State File Number	
1 FRANK				KEMP	2 DATE OF DEATH (month, day, year) April 29, 1978	
RACE White, Black, American Indian, etc. (specify)		SEX	AGE—Last birthday (year/s)	Under 1 year	Under 1 day	DATE OF BIRTH (month, day, year)
3 White		4 Male	5a 92	5b mos	5c days	6 November 11, 1885
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)		IF HOSP OR INST indicate DOA: OP, Emer, Rm, Inpatient (Specify)
7a Klamath		7b Klamath Falls		7c Washburn Manor		7d Inpatient
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED NEVER MARRIED, WIDOWED, DIVORCED (specify)		IF HOSP OR INST indicate DOA: OP, Emer, Rm, Inpatient (Specify)
8 Missouri		9 USA		10 Married		11 Marcella Kemp
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		12
13 568 - 30 - 0710		14a Butcher - Retired		14b Meat Cutting		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (specify yes or no)
15a Oregon		15b Klamath	15c Klamath Falls	15d 5861 S. 6th Street		15e No
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased		
16 Jeff Kemp		17 Martha McDougall		18 Marcella Kemp - Wife X		
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state		
19a Burial		19b Eternal Hills Memorial Gardens		19c Klamath Falls, Oregon		
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY				
20a [Signature]		20b WARDS - 1945 Main - Klamath Falls, Oregon 97601				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
21a [Signature]		21b 5-1-78		21c 2:15 PM		
NAME AND ADDRESS OF CERTIFIER (Type or Print)						
21d Everett E. Howard, M.D. / 2622 Campus Drive / Klamath Falls, Ore. 97601						
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
21e						
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR				
22a MAY 1 1978		22b [Signature] Marjorie S. Conner				
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death				
PART 1 (a) GASTRIC TUMOR (PROBABLE CARCINOMA)		14 days				
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(b)		Interval between onset and death				
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(c)		Interval between onset and death				
PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a)		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER		
24 ABDOMINAL ANEURYSM		24 No		25 No		
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
25a No		25b	25c	25d		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.	CITY OR TOWN STATE	
25e		25f	25g			

RESERVED FOR REGISTRAR'S USE

VS-2 Rev-1-78 P-65412

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

(SEAL)

MARJORIE S. CONNER, Registrar Vital Statistics

By [Signature] Deputy Registrar
Date MAY 1 1978

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH COUNTY HEALTH DEPARTMENT
STATE OF OREGON; COUNTY OF KLAMATH; ss.I hereby certify that the within instrument was received and filed for record on the 3rd day of May A.D., 19 78 at 1:54 o'clock P M., and duly recorded in Vol. M78 of Deeds on Page 8849.

FEE \$3.00

WM. D. MILNE, County Clerk

By [Signature] Deputy

Deputy