OHIO DEPARTMENT OF HEALTH

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COLUMBUS

# CERTIFICATE OF DEATH

Department of Commerce — Bureau of the Census

Reg. Dist. No. 1132 — Primary Reg. Dist. No. 2430

State File No. 40-[illegible] — Registrar's No. 117

**1. PLACE OF DEATH:**

(a) County: Ross

(b) (City, Village, Township): Chillicothe

(c) Name of hospital or institution: (If not in hospital or institution, write street No. or location)

(d) Length of stay: In hospital or institution (Days) — In this community (Years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Ohio (b) County: Ross

(c) City or village: Chillicothe (If outside city or village, write RURAL)

(d) Street No. 684 Eastern Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

**3. FULL NAME:** Catherine Kemp (b) Social Security No.

(a) If veteran, name war

4. Sex: F — 5. Color or race: W — 6.(a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife ____ 6.(c) Age of husband or wife if alive ____ years

7. Birth date of deceased: Feb. (Month) 2nd (Day) 1860 (Year)

8. AGE: Years: 84 — Months: 4 — Days: 1 — If less than one day: hr. ____ min. ____

9. Birthplace: Chillicothe (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: ____

Mother/Father:
12. Name: Adam Schoeloch (Germany)
13. Birthplace (City, town, or county) ____ (State or foreign country) ____
14. Maiden name: Elizabeth Steinheimer
15. Birthplace (City, town, or county) ____ (State or foreign country) Germany

16. (a) Informant's signature: Thomas Kemp
(b) Address: Chillicothe, Ohio

17. (a) Burial, cremation, or other; (b) Date (Month) June (Day) 6 (Year) 1944
(c) Place: St Margarets
(d) D. R. Bagley 20-424 (Name of Embalmer) (Lic. No.)

18. (a) M. J. Sorba 228 (Signature of Funeral Director) (Lic. No.)
(b) Address: Chillicothe, Ohio

19. (a) 6-6-44 (Date received local registrar) (b) E. R. Miller (Registrar's signature)

**MEDICAL CERTIFICATION**

20. Date of death: Month June 3 day ____ year 1944 hour One minute 29 P.M.

21. I hereby certify that I attended the deceased from June 3, 1944: ____, 19__, to June 3, 1944: that I last saw h__ alive on June 3, 1944: and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Myocarditis | |
| 93d/ | |
| Due to Right foot and lower | |
| 2/3 L[illegible] leg gangrenous due | |
| Due to Obstruction of Femoral artery | |
| Coure unknown | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings of operation: ~ | |
| Major findings of autopsy: ~ | |

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 Village) (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) How did injury occur? ~

23. Signature: David A. Perrin (Specify if Doctor of Medicine or Osteopathy)
Address: Chillicothe O Date signed 6-5-44

Quellenangabe:
"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33S7-9PK5-RGW?view=index : 6. Apr. 2025), Aufnahme 1334 von 3282; Ohio Historical Society (Columbus, Ohio).
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