

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

33020

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Raw Primary Registration District No. 399
 City Kansas City (No. 2327 Chestnut) _____
 St. _____ Ward _____

File No. _____
 Registered No. 4250
 St. _____ Ward _____

2. FULL NAME Frank E. Kempenar

(a) Residence, No. 2327 Chestnut St., 11 Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Winifred Kempenar

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 16th 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 1 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Watchman
 (b) General nature of industry, business, or establishment in which employed (or employer) Southwestern Bell Tel. Co
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Leonard Kempenar

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Holland

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT Mrs. Winifred Kempenar
 (Address) 2327 Chestnut

15. FILED 10/26, 1930 M. M. Croove REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 18th 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1930, to Oct 18, 1930 that I last saw him alive on Oct 18, 1930 and that death occurred, on the date stated above, at 9:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Septic Myocarditis
93A
115B
31a

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Septicemia from abscess of tooth
 (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED at 2327 Chestnut St
 IF NOT AT PLACE OF DEATH, in place and date Oct 17-30

2. DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Blood tests & physical exam
 (Signed) F. B. Wilton, M. D.
Oct 20 1930 (Address) 920 W. 19th St

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES; state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Mary's Cemetery DATE OF BURIAL Oct 21st 1930

20. UNDERTAKER Zwick and Tobin ADDRESS 20 W. Lin

