

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

Do not use this space.

39968

JAN 25 1934
 PLACE OF DEATH
 County Jackson Registration District No. 389
 Townshp Kaw Primary Registration District No. 1602
 City Kansas City (No. 2631 Agnes) St. _____ Ward _____

File No. _____
 Registered No. 4763
 St. _____ Ward _____

2. FULL NAME Fred C. Kemper
 (a) Residence, No. 2631 Agnes St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 4 26
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo
 13. NAME Casper Kemper
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Mary Bookruff
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT John Kemper
 (ADDRESS) 2631 Agnes
 18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE Dec 1933
 19. UNDERTAKER Wagner Funeral Home
 (ADDRESS) 204 W. Linwood
 20. FILED 1075 19 33 M. M. Brown
Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4, 33 19 33
 I HEREBY CERTIFY, That I attended at home from Oct 26 1933 to Dec 4 1933
 I last saw him alive on Dec 3 1933 Death is said to have occurred on the date stated above, at 3:15A.
 The principal cause of death and related causes of importance were as follows:
Cirrhosis of Liver Date of onset _____

Other contributory causes of importance _____
1240

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____
 (Signed) H. H. Brown M. D.
 (Address) 8637 _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Shankar
No 2534

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