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.

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

MAR 20 1935

Do not use this space.

5597

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No. 892

City Kansas City (No. General Hospital St. Ward)

2. FULL NAME John Kemper

(a) Residence, No. 2631 Agnes St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude Kemper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24, 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
64	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Amercian Sash

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & Door Co

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.

FATHER

13. NAME Casper Kemper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mary Buchrath

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mary Kemper 2631 Agnes

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill Cem DATE Feb 27 35

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 104 W. Linwood

20. FILED 2/26, 1935 M. M. Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24/35, 19

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 19 to , 19

I last saw h... alive on ..., 19 Death is said to have occurred on the date stated above, at 10:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile traumatism	
Hemothorax	
	206

Other contributory causes of importance: Pedestrian 210 M

Name of operation Autopsy Date of

What test confirmed diagnosis Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/24/35, 19
Where did injury occur? 4605 St John Kerr (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by Motor Car

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature], M. D.

(Address) [signature]