

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

Do not use this space.

APR 26 1935

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo (No. 1000)

Registration District No. 300
Primary Registration District No. 1000
Mercy Hosp

File No. 9345
Registered No. 1295
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 70 Kansas City, Mo (Usual place of abode) Ward _____

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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 M 4. COLOR OR RACE W 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) Oct 30 - 1926

7. AGE YEARS 8 MONTHS 4 DAYS 23 If LESS than 1 day, _____ hrs or _____ min

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

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) St. Louis - Mo

13. NAME Charles E. Kemper

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

15. MAIDEN NAME Gene V. Meacham

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

17. INFORMANT Charles E. Kemper (ADDRESS) 70 Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty - Mo DATE Mar 25 1935

19. UNDERTAKER Horton Funeral Home (ADDRESS) Mo

20. FILED 3/25 1935 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23/35

22. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____

I last saw h. _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows: Auto pneumonia Date of onset _____

Other contributory causes of importance: _____

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? _____

If so, specify _____ (Signed) _____, M. D.

(Address) _____

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.

