REC'D MAY 9 1938

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

Do not use this space.

13685

File No.

Registered No. 1665

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 4416 Penn St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Mrs. Laura Kemp 510
(a) Residence, No. 4416 Penn St., 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 Female
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm A. Kemp
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 1873
7. AGE Years 64 Months 7 Days 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Lemuel Kirkland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Jane Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. R. W. Trumbull
(ADDRESS) Parkville Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fort Hill DATE April 21, 1938
19. UNDERTAKER Dunnewcomer's Sons
(ADDRESS) Buckeye & Tracy
20. FILED Apr 20, 1938 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 6, 1938, to (admission) (death inclusive)
I last saw him alive on Apr 6, 1938. Death is said to have occurred on the date stated above, at 4:15 P. m.
The principal cause of death and related causes of importance were as follows:

Cancer Cervix — Date of onset
Y daughters were Christian Scientists and were in authority from Apr 6 - to date of death
47

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? No

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? No
If so, specify
(Signed) Arvel M. Rees, M. D.
(Address) 6 E 11 Kc. Mo.

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.

Wilhelm Bldg.
Ha 1898
2:30 – 5 P.M.