

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1280

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kan. City, Mo.
(c) Name of hospital or institution: St. Marys Hospital
(d) Length of stay: In hospital or institution 3 weeks 2 days
In this community 52 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City, Kans.
(d) Street No. 564 Oakland
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Henry A. Kemp
(b) If veteran, name war No
(c) Social Security No. No

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Annie E. Johnson 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased: Aug. 17 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Melford Mass.
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Railway Messenger

11. Industry or business _____
12. Name George Kemp
13. Birthplace Unknown
14. Maiden name Izonia ames
15. Birthplace Unknown

16. (a) Informant Henry E. Kemp
(b) Address 708 Northern, Fairmount, Mo
17. (a) burial (b) Date thereof Mar. 23 & 40
(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Fairweather-Werner
(b) Address K.C. Kansas
19. (a) Mch 23, 1940 (b) M.M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 21
year 1940 hour 6:55 minute _____ P. M.
21. I hereby certify that I attended the deceased from March 5
_____ 1940 to March 21 1940
that I last saw him alive on Mar 20 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerotic cordis - renal disease
Duration ?

Due to 131
Due to _____
Other conditions Prostatic Hypertrophy
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) _____
(2) Means of injury _____
23. Signature J.E. Leather (M. D. or other) _____
Address 2002 Ogden Bldg Date signed 3-23-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Chuck Werner

Licensed Embalmer No. *2598*

P. O. Address *18th Washington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.