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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27579  
State File No. 3213

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 4231 Tracy  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no.  
In this community Unknown  
years, months or days

8. (a) PRINT FULL NAME James R. Hemphill  
8. (b) If veteran, name war no.  
3. (c) Social Security No. no.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alice B. Hemphill  
6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased December 25 1853  
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 20  
If less than one day hr. min.

9. Birthplace Ireland  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

MOTHER-FATHER { 12. Name Hugh Hemphill  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice B. Hemphill  
(b) Address 4231 Tracy, Kansas City, Mo.

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof 8-14-40  
(Month) (Day) (Year)  
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Aug. 14, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits write "RURAL")  
(d) Street No. 4231 Tracy  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 72 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th  
year 1940 hour 2:20 minute A. M.

21. I hereby certify that I attended the deceased from 1930 to Aug 14, 1940  
that I last saw him alive on Aug 13, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Tonic Myocarditis July 1940

Due to 920  
Due to

Other conditions Coronary Arteriosclerosis Jan 40  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: X  
Of operations: X  
Of autopsy: X  
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)  
While at work? (e) Means of injury  
23. Signature M. M. Crowe (M.D. or other)  
Address 612 Date signed 8/14/40

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

Dr. Willits,

VA 1100-

PROFF/BOOB

4-30

**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 *J. Allen*

Licensed Embalmer No. *1415*

P. O. Address *K. C. Mo*

**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.