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

FILED SEP 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27643

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3277

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community: 21 years

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.: 2221 Forest (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Joseph Delmar Kemp 51D

3. (b) If veteran, name war: World War

3. (c) Social Security No.: 487-01-2321

4. Sex: Male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Matilda ~~Louvena~~ Kemp (Loverd)

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: February (Month) 5, (Day) 1890 (Year)

8. AGE: Years 50 Months 6 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace: Ashville (City, town, or county) No. Carolina (State or foreign country)

10. Usual occupation: Marble Polisher

11. Industry or business: ____

12. Name: Robert W. Kemp

13. Birthplace: No. Carolina (City, town, or county) (State or foreign country)

14. Maiden name: Millie Staten

15. Birthplace: So. Carolina (City, town, or county) (State or foreign country)

16. Informant: Mrs. Louvena Kemp

17. Address: 2221 Forest

18. (a) Burial (Burial, cremation, or removal): National Cemetery (b) Date thereof: 8-20-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Leavenworth, Kansas

18. (a) Signature of funeral director: Mark Appleton & Son

(b) Address: 1905 Vine St.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-15-40 day ____ year ____ hour ____ minute 4:30 p M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw him alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia

Due to: Heart failure & Insanity

Due to: Syphilis, Tertiary

Other conditions (Include pregnancy within 3 months of death): 141

Major findings: Of operations: 12

Of autopsy: ____

Duration

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): Accident

(b) Date of occurrence: 8-12-40

(c) Where did injury occur? Kansas City Jackson Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury: Fall

23. Signature: Russell W. Cox (M. D. or other)

Address: ____ Date signed: ____

(Licensed Embalmer's Statement on Reverse Side)

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 C. H. Test

Licensed Embalmer No. 2710

P. O. Address K. C. Mo.

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

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

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. Death 27643
Local Registrar's No. 3277

On this 9th day of December, 1946, before me appears ~~Jose~~ Lovena Kemp, who, upon her oath, states that the original record of ~~birth~~ death for Joseph Aelmar Kemp ~~born~~ died August 15, 1940, in the State of Missouri, and which was filed at K.C., Mo. on 8-19, 1940, should be corrected as follows:

Item No. 6 should read Matilda Lovena Kemp
Instead of " Louvena "

Item No. 16 should read Mrs. Lovena Kemp
Instead of " Louvena "

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lovena Kemp (wife)
Relationship.

2221 Forest
Present Address.

Subscribed and sworn to before me this 9th day of December, 1946.

My Commission expires Oct. 20. 1947 Carrie M. Ruppelius Notary Public.

rm V. S. 135
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