

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41523

JAN 8 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4916

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

1. PLACE OF DEATH:
(a) County... Jackson
(b) City or town... Kansas City
(c) Name of hospital or institution: 24th & Lister
(d) Length of stay: In hospital or institution 54 years
In this community 54 years

3. (a) PRINT FULL NAME Mrs. Karoline Kempf
(b) If veteran, name war XX
(c) Social Security No. None

4. Sex Female
5. Color or race Wh
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Charlie J. Kempf
(c) Age of husband or wife if alive XX years
7. Birth date of deceased November 21 1868

8. AGE: Years 72 Months 1 Days 3 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name No Unknown
13. Birthplace Unknown Germany
14. Maiden name Unknown
15. Birthplace Unknown Germany

16. (a) Informant Mrs. John W Kempf
(b) Address 702 Chestnut

17. (a) Burial (b) Date thereof 12-28-40
(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director J. M. Wagner
(b) Address Kansas City, Mo.

19. (a) 12-26-40 (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
(d) Street No. 2320 Chelsea
(e) If foreign born, how long in U. S. A. 54 years

20. DATE OF DEATH: Month Dec. day 24th
year 1940 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from Dec 27 1940 to Dec 24 1940
that I last saw her alive on Dec 24 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Other conditions 121
(Include pregnancy within 3 months of death)

Major findings: None done
Of autopsy: None done

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

While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other)
Address 4800 E. 24th Date signed 12/26/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

A. R. Heuschild

Licensed Embalmer No.....

4159

P. O. Address.....

Jackson city 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, fact should be so stated above.