S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5297

State File No.

FILED MAR 9 1942

Registration District No. 329 Primary Registration District No. 1002 Registrar's No. 566

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: 2610 East 29th St. 1
(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: 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 2610 East 29th St. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: William H. Dempsey

3. (b) If veteran, name war: No

3. (c) Social Security No.: 493 07-8379

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Tresia M. Dempsey

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: April (Month) 16 (Day) 1872 (Year)

8. AGE: Years 69 Months 9 Days 22 If less than one day hr. min.

9. Birthplace: McCune (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Salesman

11. Industry or business: B & H Coffee Co.

FATHER
12. Name: John W. Dempsey
13. Birthplace: No Record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Jennie Owens
15. Birthplace: Indiana (City, town, or county) 1 (State or foreign country)

16. (a) Informant: Chris E. Null
(b) Address: 617 West Dartmouth

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-10-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill

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

19. (a) 2/9/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th
year 1942 hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from Dec 13, 1941, to Feb 8, 1942
that I last saw him alive on Feb 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Ruptured Duodenal Ulcer Lymphoid into Bladder

Due to: 123.1

Due to:

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

Major findings: Pelvic Limits
Of operations: Obstruction Bowel

Of autopsy: yes

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)
(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: 0

23. Signature: H. O. H. Rivers (M. D. or other)
Address: 1034 Rialto Date signed 2-8-42

(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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, Missou

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.