

FILED MAY 21 1942
Registration District No. 29

Primary Registration District No. 1002

Registrar's No.

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

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:
2501 Troast
(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 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town Kansas City 78
(If outside city or town limits, write "RURAL")

(d) Street No. 2501 Troast Ave 3
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) N
If yes, name country _____

3. (a) PRINT FULL NAME Stephen A. Dempsey

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2 year 1942 hour _____ minute 00 M.

4. Sex male

5. Color or race wh

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

6. (b) Name of husband or wife Helem

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

7. Birth date of deceased Sept 15 - 1883
(Month) (Day) (Year)

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

8. AGE: Years 58 Months 7 Days 22
If less than one day .hr. _____ min. _____

Immediate cause of death Acute alcoholism

Due to Acute Gastritis

Due to 770

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Jawa 1
(City, town, or county) (State or foreign country)

10. Usual occupation Printer Self

11. Industry or business _____

12. Name John S. Dempsey 1

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Hume

15. Birthplace N. Y. 1
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant my wife

(b) Address 941 20th St. Ste. name 90

17. (a) burial (b) Date thereof 5-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green lawn

18. (a) Signature of funeral director J. L. Walton

(b) Address city

19. (a) 5-11-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 3

23. Signature [Signature] M. D. or other _____

Address [Signature] Date signed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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.