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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5299

Primary Registration District No. 1002

Registrar's No. 686

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: 114 East 31st Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 81 years (Specify whether years, months or days)
In this community:

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.: 209 West Armour
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Miss Emma Kumpf
3. (b) If veteran, name war: xx
3. (c) Social Security No.: None
4. Sex: Fe
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Sgl
6. (b) Name of husband or wife: xx
6. (c) Age of husband or wife if alive: xx years
7. Birth date of deceased: Nov. (Month) 11 (Day) 1856 (Year)
8. AGE: Years 86 Months 2 Days 26 If less than one day hr. min.
9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
FATHER 12. Name: Henry C. Kumpf
FATHER 13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: No Record
MOTHER 15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Helen Kumpf
(b) Address: 209 West Armour
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery
18. (a) Signature of funeral director: J.W. Wagner
(b) Address: Kansas City, Mo.
19. (a) 2-9-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7th year 1943 hour 6: minute 30 P. M.
21. I hereby certify that I attended the deceased from August 1942 to Feb 7 1943 that I last saw her alive on about 2 wks before death and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma glands of neck	
Due to: Malnutrition	
Due to: Myocardial Insuff	
Other conditions (Include pregnancy within 3 months of death): 55E	

Major findings:
Of operations:
Of autopsy:

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:
23. Signature: J. L. Montgomery (M. D. or other)
Address: Date signed:

(Licensed Embalmer's Statement on Reverse Side)

James E. Montgomery M.D.
1332 Prof Bg.
Ha 1614
2:30 to 4

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, Missouri

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.